MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE MARYLAND b. COUNTY ALLEGANY GARRETT MARYLAND Department after déath. pg b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funera c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b тау CUMBERT AND 6 HOURS OAKT.AND RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE ON A FARM? d. STREET ADDRESS State hours a NO X MEMORIAT, HOSPITAL NAME OF Year EXAMINER: This certificate should be executed within 24 hours after death. If any del certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and ould be forwarded to the Chief Medical Examiner's Office along with form PM3. First Middla Last DATE Month Day DECEASED (Typa or print) MOTIRY OWEN BAKER DEATH OCTOBER 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Min. Hours WIDOWED DIVORCED [MHITTE pages 1 and in amy event 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) COUNTRY? II S GENERAL REPATRS
13. FATHER'S NAME REMODELING MOTHER'S MAIOEN NAME HENRY CLAY BAKER MAUDE LIONS File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or dates of service) permit. F UNKNOWN THELMA HUTZEL BAKER R.D. OAKLAND. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or r 9 HOURS RUPTURED AORT IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which AUTO ACCIDENT (b) gave risa to immediate DUE TO causa (a), stating the 101 used as a to burial, c underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES TY NO should be 208. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter natura of Injury in Part | or Part | of Itam 18.) should be forwarded DRIVER IN ONE CAR ACCIDENT 3 shoul MEDICAL 20d. INJURY OCCURRED, 120e, PLACE OF INJURY (Homa, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, offica bldg., etc.) Whila p.m. OGT CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry XX and In my opinion FUNERAL DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 10 OCTOBER 21. 1966 OEPUTY MEDICAL EXAMINER Health **EXAMINER'S** BENEDICT SKITARELIC. please ey director. retained Address (Street, city, town, or county) CUMBERLAND, MD. NAME (Type) (State) BURIAL, CREMATION.I DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. REMOVAL (Specify) 0 VIRGINIA 1966 OLIVE BRANCH CEMETERY PORTSMOUTH. BURTAI 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR ADORESS 25a. 24 FURTRAL DIRECTOR VR ALSME (5) BALTO. AVE. CUMBERLAND, MD. DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13468 CERTIFICATE OF DEATH by the funeral Pages, 1 and 2 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Allegany b. COUNTY EGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 4 days VCUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 285 McMullan Hwy. SACRED HEART HOSPITAL YES NO TE cate be executed within 3. NAME OF First Middle 4. DATE Manth Year DECEASED (Type or print) 19 66 JOSEPH R. BARNARD 10-DEATH S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED T **NEVER MARRIED** birthday) Months 1-24-89 WIDOWED DIVORCED MALE WHITE 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) USA USA 12. CITIZEN OF WHAT during most of working life even if retired)
Retired Machinist eose INDUSTRY Textile ALLEGANY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMME E. (GABLER) BARNARD WILLIAM BARNARD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address requires that the deat (Yes, no, or unknown) ((f yes give war ar dates of service) 0 214-07-1882 PATIENT'S CHART HINKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN tronsit ONSET AND DEATH signed by buriol-trons IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate jo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, office bldg., etc.) at work 10-2, 1965 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ , 1966, to 10-1-1966, and that death accurred at 1:20PM, from causes and an the date stated above. saw the deceased-alive an_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR Page 4 may b 22d, ADDRESS 22c. PHYSICIAN NAME (BODE) W.UR. RIDGECEL director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 10-5-66 Hillcrest Burial Park Cumberland, Md. ADDRESS 2Sg. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charles James F. Scarpelli Cumberland . Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY h COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with farm hours ote Memorial Hospital 535 Favette Street YES NO TY after death. 3. NAME OF DECEASED (Type or print) Middle First Lost 4. DATE Month Year within 72 CECIL BEEMAN OF DEATH 10/10/1966 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED TE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIEO lost birthdoy) Hours 9/9/1909 White WIDOWED DIVORCED Male 24 hours 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Care taker-Rose Hill 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Cemetery COUNTRY? Gilmore, MD. USA Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Andrew Baeman Mary Green .⊆ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service) or removal, Cumberland. Md. Eva Beeman No 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Days MYOCARDIAL INFARCTION, LEFT IMMEDIATE CAUSE (o). 4201 This certificate should burial, crematian, **DUE TO** Conditions, if any, which gove ? CORONARY SCLEROSTS rise to immediate couse (a), farwarded to **DUE TO** stoting the underlying couse Days CORONARY THROMBOSIS 19. WAS AUTOPS
PERFORMED?
YES A NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the certificate, 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) foctory, street, office bldg., etc.) Not While 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection X Inquiry X and in my opinion the funeral director. death resulted from: Natural causes X Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 10-10-66 **EXAMINER'S** SKITARELIC, M.D. Address (Street, city, town, or county Cumberland. NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 10/12/1966 Oak Hill Cemetery Lonaconing, MD. 1956 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AODRESS 25o. REC'D BY REGISTRAR DATE OCT 1 GEORGE EICHHORN 6M 1/66 Lonaconing, MD.

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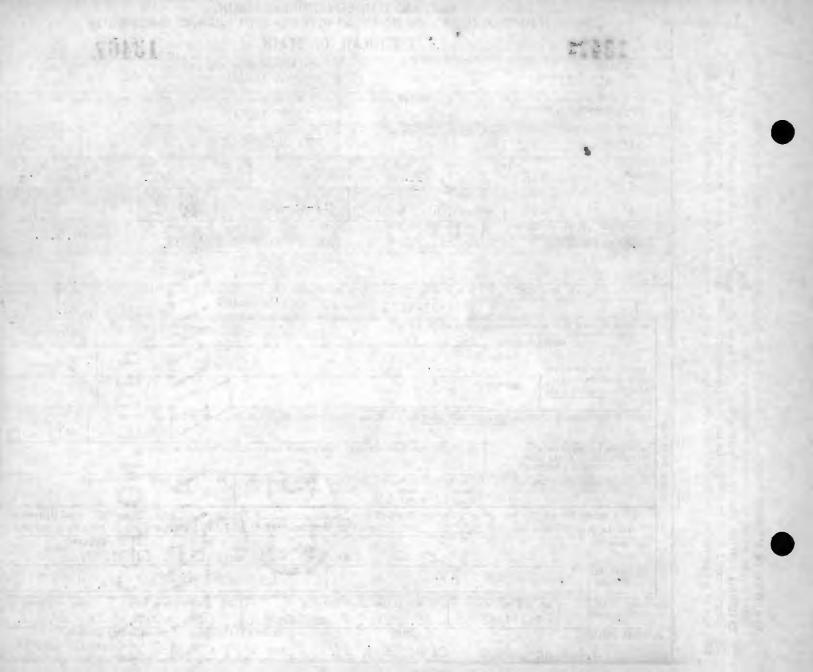
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 hours after death and filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 FROSTBURG CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WRIGHT ST. MEMORIAL YES NO HOSPITA 3. NAME OF First Middle DATE carban Lost Month Day Year DECEASED BEEMAN OCTOBER 19 66 LURLINE OPAL (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthday) Months Hours Doys FEMALE WHITE WIDOWED DIVORCED 3-1-1922 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician permit. Them please during most of working life, even if retired) INDUSTRY FROSTBURG. Housewife MD. Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RICHARD N. WILSON SUSANNA ADAMS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service 214-12-3661 CUMBERLAND. No HOSPITAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEE signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO MISTANTA stating the underlying couse as the has been last. 19. WAS AUTOPSY PERNORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART 1(p) detached for use to Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office blde, etc.) Hour o.m. Not While 21. I certify that (1) (this haspital) attended the deceased from :40 M. Hom causes and on the date stated above. be retained sow the degegeed olive on. 19 66, and that death occurred at 220. SIGNATURE 22b. DATE/SIGNED ATTENDING DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) G. WEISMAN 59 GREENE ST director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Md. Frostburg Memorial Frostburg. Allegany 256. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR Balto Ave. Cumberland Md

attended to the property of the property of the state of Value is - Man THE MILE. ETHIC ENGLE OLIVE ASIGNATIVE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death tertificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

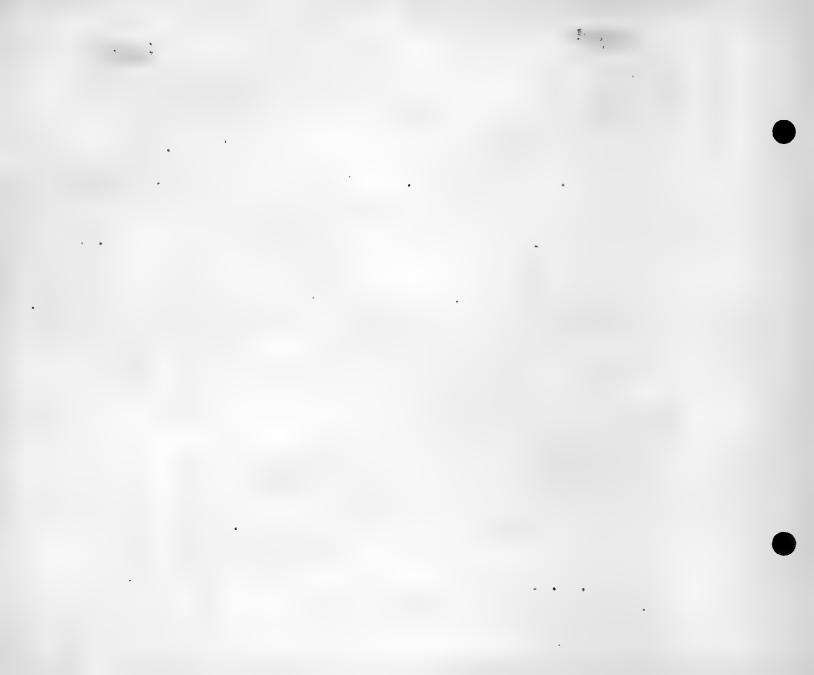
o. STATE MARYIAND

b. COUNTYALLEGANY 1. PLACE OF DEATH a. COUNTY ALLEGANY MARYEAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give necrest town) CUMBERLAND d. STREET ADDRESS 220 GREENE STREET d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARMY SACRED HEART HOSPITAL NO I 3. NAME OF carban First Middle 4. DATE Manth Dov BENDER DECEASED MARY OCT (Type or print) DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last kirthdoy) 11-25-80 Haurs FEMALE WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY S.A. 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or fareign country) Clothing Store Comberland. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FARRELL. Margaret ROBERT SIZER 17. INFORMANTICS PHILLIS FRAGAAddress IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 550 (Yes, no ar unknown) (If yes give war ar dates of service) 50 PATIENT'S CHART 214-05-8225 Cumberland Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, cremativ ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave rise to immediate cause (a). DHE TO stating the underlying cause in e has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS)
PERFORMED? NO 6 20o. ACCIDENT WAS UNDERLYING [1] 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Not While Haur a.m. factory, street, affice bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased fram ., 196 that (I) (we) last 1906, to 1966, and that death accurred at 12:30M, Fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** X 10/9/66 M.D. DIRECTOR PHYS PHYS director, page should be filed 22d. ADDRESS PHYSICIAN'S SCHINDLER GREENE STREET NAME (Type) Cumb. Md. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BULLAL (Specify) Cumberland, Allegany. 10/11/66 SS. Peter & Paul Cemetery 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR liarles Judge 1966 Cumberland, Md. H. Wayne George DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 13472 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) OF PURTY GANY a. STATE b. COUNTY ALL FGANY MARYLAND the attending physician and campletely filled in by the first permit. Then please remave carban papers. Pages b. City OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 15 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RJRAL and give negrest town)
CUMBERLAND 7DAYS **CUMBERI AND** e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 721 COLUMBIA MEMORIAL HOSPITAL YES NO D requires that the death certificate be executed within 3 NAME OF Middle 4 DATE First Month Year DECEASED OCT. 66 MRS. ELLENORA BOYLAND 19 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 10/28/84 b rthday) Manths Days Hours WHITE FEMALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o 1.SUAL OCCUPATION (Give kind of work done COUNTRY?A during most of warking life, even if retired) INDUSTRY MARYLAND haisen 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME FLANAGAN, JOSEPH 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service CUMBERLAND, MD. -48-041 MEMORIAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (d) DUE TO signed l Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been r te 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) No [by the haspital ar fa 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CLICALISE OF DEATH J.O detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at work L at work 21. I certify that (I) (this haspital) attended the deceased fram 1950 . 19____, that (I) (we) last be retained shauld 7.53M Warm causes and an the date stated above. 1966, and that death accurred at saw the deceased alive an 22 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. director, page should be filed filed 22d, ADDRESS 22c PHYSICIAN NAME (TOPE) . B. WHITWORTH 305 WASHINGTON ST. CUMBERLAND MD. 23b DATE-THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL, CREMATION (Stote) CENOVAL (Specify) 2Sb. REGISTRAR S SIGNATURE 25a. REC'D BY REGISTRAR 24. FIINERAL DIRECTOR VR A15 (4) 1966 Charley DATE 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /66 mh 13469 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and completely filled in by the funeral en aleose remove carbon papers. Pages 1 and I. PLACE OF DEATH MARYLAND a. COUNTY ALLEGANY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) b CITY OR TOWN (If autside carparate limits, BITTINGER DAYS IS RESIDENCE ON A FARM? please remove carbon papers. It and in ony event, within 72 h d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MEMORIAL HSOPITAL NO Z YES 3. NAME OF First Middle 4. DATE Manth Day Year Last DECEASED MRS. SARAH **BRENNEMAN** OCT. 2319 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years birth day) Months Days iast FEMALE WHITE and in ony WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) U S INDUSTRY. MARYLAND Home HouseWille 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal BITTINGER JOSTAH KATHERINE ORNDOLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit (Yes, na, ar unknown) (If yes give war ar dates af service MEMORIAL HOSPITAL, CUMBERLAND. MD. 110 signed by the of INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO burial Canditions, if any, which gave rise to immediate cause (a). DUE 90 stating the underlying cause by the hospital or ottending os the O FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use of Heolth NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at work at work 21. I certify that (I) (this haspital) attended the deceased from OEL 1966, that (I) (we) last Poge 4 may be retained and that death accurred at 0. 154 Nom causes and an the date stated above saw the deceased alive an Oll 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR **PHYS** PHYS director, page should be filed 22d ADDRESS 77: PHYSICIAN'S VIRGINIA 133 AVE. NAME (Type) CUMBERLAND MD G.O. HIMMEEWRIGHT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THERFOR (County) (State) REMOVAL (Specify) ittinger Bittinger Garrett Md. 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24 AFUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1986



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13474 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral set befinite. Then please remave carban papers. Pages 1 gads 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH O. STATE MARYLAND o. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) ve carban papers. Pag event, within 72 haurs DAYS CUMBERI AND CUMBERLAND d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL 52 ELDER NO X YES 3 NAME OF First Middle 4 DATE Month Day Year Lost DECEASED JOHN BURGESS OCTOBER 26 66 19 DEATH (Type or pnn*) F UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (n years birthdoy) Dovs Hours WHITE 2-16-1897 MALE and in any WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCL PATION (Give kind of work done during most of working life even if retired) INDUSTRY LAUREL DALE .W. VA. BROCK SALVAGE WATCHMAN 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME GEORGE BURGESS JANE MACKLEY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT an or le (Yes, no, or unknown) ((If yes give wor or dotes of service) MEMORIAL HOSPITAL CUMBERLAND, MD. 18 CAUSE OF DEATH (Enter only one cause per-line for, (o), (b), burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the priar tak ficate has been lost. 19. WAS AUTOPS!
PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO. 4 may be retained by the hospital ar 200 ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH O FUNERAL DIRECTOR: After this certif detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m factory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased from 19 12:20 Gram edities and on the date stated above. and that death occurred at 22b. DATE'SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR 22d. ADDRESS 1220 PHYSICIAN'S WILLIAMS CENTRE ST. . CUMBERLAND . MD. DR. NAME (Type) directar, should 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. Oct. 28, 1966 REMOVAL (Specify) Sunsat Pararial **ADDRESS** 25b. REGISTRARS SIGNATUR 24. FUNERAL DIRECTOR 1966 VR A15 (4) Scarnelli, Cumherland, M. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13475 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Allegany Allegany Maryland icion and completely filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 hours affer MARYLAND b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Barton Cumberland vears IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Sylvan Retreat YES NO D 3 NAME OF First Middle Last 4 DATE Year Day DECEASED (Type or print) OF Oct. 1966 Marv Clark Jane DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH (in years 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs WIDOWED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast af warking life, even if retired)
Housewife **COUNTRY?** physicion (INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial-transit permit Pitters burial, cremation, on emov WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (d **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tha Page 4 may be retained by the hospital or ottending physkion. Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Haur a.m. Nat While 1959 , ta 21. I certify that (I) (this haspital) attended the deceased fram. Oct 19 66 that (I) (we) last Oct. 8 19 66, and that death occurred at 11P M, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S B. Mathews, M.D. Greene St., Cumberland, Md. NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OF CREMAJORY (County) (State) REMOVAL (Specify) MRIA 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4)-20 M 1/66



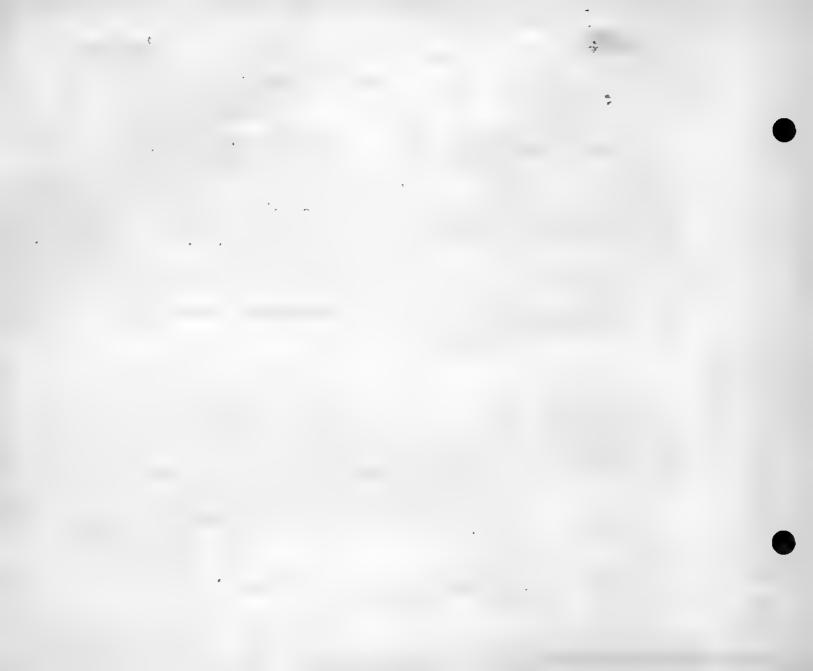
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3476 executed within 24 hours after death. completely fitted in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution-Residence before odmission) a. COUNTY a. STATE b. COUNTY Allegany Maryland Allegany
c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest rown) MARYLAND Pages c LENGTH OF STAY IN US b City OR TOWN (If autside carparate limits, Cumber Land give negrest town) Eckhart Years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Sacred Heart Hospital YES NO 3. NAME OF First Middle Last 4. DATE Manth Dav Year DECEASED Nellie Close 19 66 Oct. DEATH (Type or print) Grace LE UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH 5 last remove birthdoy) Months Days Hours in ony Female White Oct. 28. 1911 WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) CON1.11g 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHA 10b KIND OF BUSINESS OR COUNTRY 3 please Celanese S Maryland requires that the death certificate 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal. en. James 'lose (deceased' Elizabeth Brode deceased) 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates of service Patients chart William J Chabot 214-07-6491 cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 11106 DUE TO Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse os the priar to hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO the hospital or this certificate ğ 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m factory, street, affice bldg. etc) Nat While ot work L of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Sept 30 1966 ta Oct 7 1966, that (!) (we) last be retained saw the deceased alive on Oct 1966, and that death accurred of M, from couses and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. Oct 10, 1966 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) .Gli Spiggle N. Smallwood St., Cumberland. director, should b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL CREMATION (County) (State) Buria! Near Cumberland Allegany Md Oct 10, 1966 Sunset Memorial Gardens 25b. REGISTRAR & SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL BIRECTOR ADDRESS 1966 VR A15 (4) 20 M 1/66 230 Balto Ave., Cumberland, Md DATE



	13477	CERTIFICATE	OF DEATH	13473		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where d	sceesed fived, If institution: Residence before ec		
	Allegan	77 27 27 27 27	e, STATE	b. COUNTY		
_	b. CITY OR TOWN (if guiside corporata lim	MARYLAND oits, c. LENGTH OF STAY IN 16	Maryland	Allegany orate limits, write RURAL end give nearast town		
	write RURAL and give nearest town)			other littles, with KORAL and give neerest town		
	d. NAME OF HOSPITAL OR INSTITUTION	Years	Cumberland			
		(in not in nospital, give sireet address)	d. SIRCEI ADDRESS	e. IS RES		
2	Memorial Hospit			cond Street YES		
٠.	DECEASED (Type or print)	Middle	Last 4. DATE OF	Month Day Year		
_	Arme	tha Mae	Crawford DEATH	October 18 196		
5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	. AGE (In years IF UNDER 1 YEAR IF UNDER :		
	Female White	WIDOWED DIVORCED N	larch 25, 1921	A yrs. Months Days Hours		
10 de	le. USUAL OCCUPATION (Give kind of wor one during most of working life, even if retir	A TAL KIND OF BUSINESS OF INDUSTRA	Y 11 BIRTHPLACE (County & State, or	foreign country) 12. CITIZEN OF WHAT CO		
	Housewife		West Virginia	USA		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_ UBA		
	Cilhant E U-	onf+lina	There A			
15	Gilbert E. Ha	RCES? 16 SOCIAL SECURITY NO. 17. 1	NFORMANT Appel	Address		
[Y	as, no, or unkown) [ffyasgivewarordatesof	service)				
	18. CAUSE OF DEATH (Enter only one	cause per line for (a). (b) and (c).	. Victor Merkle, 4	70 Goethe St. Cumberls		
	PART I. DEATH WAS CAUSED BY:	1 11 p. P.	1 /	ONSET AND D		
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	DUE TO	with his	of the			
	Conditions, if any, which gave rise to immediate cause					
	(a), stating the underlying DUE TO					
	causa last. (c)	1				
				CONDITION GIVEN IN PART 1/a) 19 WAS AL		
NO	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE			
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RTIFICATION	PART II. OTHER SIGNIFICANT COND. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE		PERFOR		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13475 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH MARNLAND o. COUNTY **b.** COUNTY ALLEGANY ALLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) lease remave carban papers. Pac and in any event, within 72 hours CUMBERLAND DAYS CUMBERLAND d STREET ADDRESS and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM 456 BALTIMORE NO X MEMORIA DATE 3 NAME OF Middle Lost **First** OF DEATH DECEASED 9616 OCTOBER CRAWFORD (Type or print) IF UNDER 1 YEAR AGE (In years S SEX 8 DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Doys Hours 2-28-1907 FRMALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life reven if retired + HOUSTRY HOME physic.on PETERSBURG. W. VA. 14. MOTHER'S MAJDEN NAME 13 FATHER'S NAME IDA LEWIS PHILLIP SWICK the attending 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service permit. 9 signed by the attern burial-transit permi CUMBERLAND. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work ot work 20 1966 10 21 1 certify that (1) (this haspital) attended the deceased from 19 9 and that death occurred at 6:30 R. From couses and on the date stated above. saw the deceased alive an-22b. DATE SIGNED 22n SIGNATURE ATTENDING STAFF PHYS DIRECTOR M.D. PHYS. 22d ADDRESS 22c PHYSICIAN'S 456 N. CENTRE NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) 230 BURIAL, CREMATION BI REMOVAL (Specify) Oct. 8.1066 Sunset Pamorial Cumberland. Ld. All Par'c 2So REC'D BY REGISTRAR 2Sb **ADDRESS** 24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66

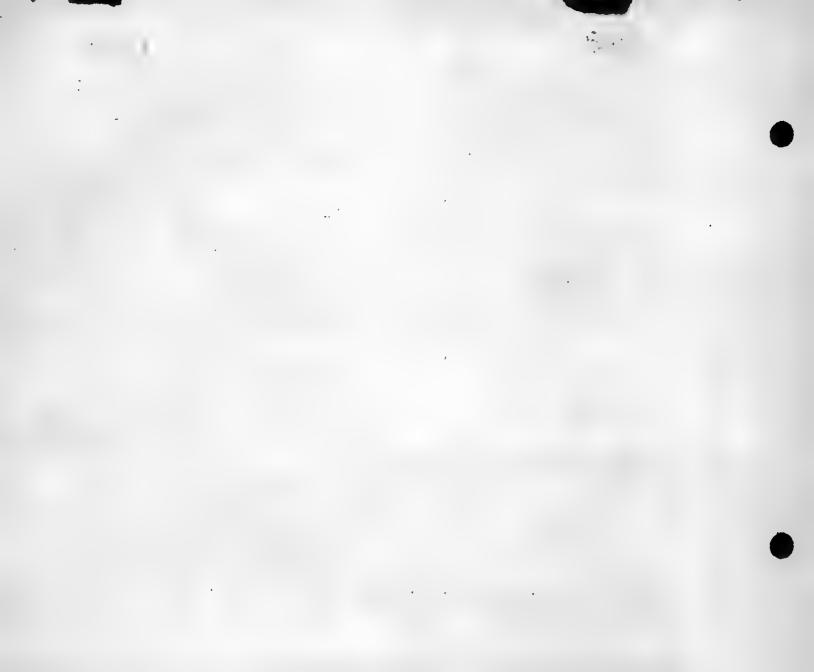


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and campletely filled in by the funeral remave carbon papers. Pages, I and PLACE OF DEATH O. STATEMARYLAND o. COUNTY b. COUNTY ALLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate imits, emave carbon papers. Page any event, within 72 hours of 6 DAYS CUMBERLAND e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ELDER HOSPITAL MEMORIAL NO X Middle 4 DATE 3 NAME OF First Lost Month Dov Year DECEASED WILLIAM CRAWFORD OCTOBER 1966 DEATH (Type or print) B. DATE OF BIRTH S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Dovs MALE WHITE 7-29-1896 WIDOWED DIVORCED 106, KIND OF BUSINESS OF THE 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mastetworking with even if retired)
RETTRED-Filtratio the attending physician XMARXLYND Kevser.W. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES HENRY CRAWFORD ALBERTA L. MICHAELS 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service CUMBERLAND. MD. MEMORIAL HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove nse to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the priar ta i TO FUNERAL DIRECTOR: After this certificate has been lost. PART II, OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS! PERFORMED? nse for use Health c YES [] NO 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram. M. from causes and an the date stated above. and that death accurred a saw the deceased elive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR 59 GREENE 22c. PHYSICIAN'S ST., WEISMAN CUMBERLAND, G. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. TREMOVAL (Specify) nct.10,1066 Cumberland, Na. Allerany Sunset Memorial Park 25b. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13480 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY a. STATE b. COUNTY 'ARYTAND ALLEGANY MARYLAND ALLEGALY b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) CIMBERTAND CHIMBERSTAND d. STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? SACRED HEART HOSPITAL HOMEWOOD ADDITION YES NO 🔼 3. NAME OF First Last 4 DATE Day Year DECEASED OF 1966 was rington OCTOBER CROWE ELMER (Type or print) DEATH IF UNDER 1 YEAR I JE UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years b rthday) Davs 11-6-95 WIDOWED DIVORCED MATIF 10b. KIND OF BUSINESS OR IDa USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreig auntsy) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MT. SAVAGE . MARYLAND U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM Elmer R. Lowe AND CONTRACTOR OF THE PROPERTY IDA MAE 16. SOCIAL SECURITY NO 17. INFORMANT ilrs. Ethel B. (Yes, na, ar unkna ... i, fives a ve war ar dates of service 217-10-132591 PT'S CHART 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DHE TO signed b burial Canditions, if any, which gave nse ta immediate cause (a). DUF TO stating the underlying cause Φ (c) WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? MEDICAL CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate for 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or fawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factary, street, affice bldg., etc.) Not While 1902, that (I) (we) last 21. I certify that (1) (this haspital)-attended the deceased fram director, page 3 shauld should be filed with the and that death accurred at saw the deceased alive on. M, from causes and an the date stated abave. 22a SIGNATURI 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN Page 4 may GREENE ST. CUMBERLAND, MARYLAND. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Sunset Genorial Park Cumberland. Allegan 1. 10/11/66 **ADDRESS** 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Cumberland, Md. H. Wayne George



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution. Residence before odmission) o. COUNTY o. STATE b COUNTY ay is ġ. ALLEGANY MARYLAND ALLEGANY after death MARYLAND Department b CITY OR TOWN (I outside corporate limits, write RURA, and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) gud 2, and PM3. CUMBERLAND TATER CIMBERTAND d NAME OF HOSPITAL OR INSTITUTION (14 not in hospital give street address) e IS RESIDENCE d STREET ADDRESS hours alang with form ON A FARM? ote MEMORIAL HOSPITAL CECELIA STREET YES NO X Give Pages 24 haurs after death 3 NAME OF First M ridle 4 DATE Year DECEASED JONATHANO, DEATH (Type or print) .⊑ F UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years LIF UNDER 24 HRS 7 MARRIED NEVER MARR ED in Item 18 lost birthday) Months Dovs Hours WIDOWED DIVORCED NOV.25,1878 Office MALE WHITTE 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP, ACE (State or foreign country) 12 CITIZEN OF WHAT eve during most of working life, even if retired) INDUSTRY COUNTRY? any DELIVERY CLERK RATLROAD MARYILAND pages in any TISA pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME be executed within JAMES DODD ANNA BOWSER and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. 705 05 4465 NO J. WILSON DODD ROUTE 3. BEDFORD, PA. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH 5 : Chronic Myocarditis IMMEDIATE CAUSE (o) ____ This certificate should crematian, DUE TO Conditions, if any, which gove Arteriosclerotic Cardiovascular disease rise to immediate couse (a), DUE TO stating the underlying couse burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate, Fracture of Right Hip NO XX to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) ar its designated agent, priar PRIMARY Or CONTRIBUTING XX should CAUSE OF DEATH Fell at Home 20f (City or fown) 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form (County) (Stote) Hour o.m. foctory, street, office blda, etc.) While Not While FUNERAL DIRECTOR: Page of work Home Cumberland, Alleg. Md. ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. ond in my opinion death resulted from Natural causes I Accident X Suicide [Hamicide Undetermined manner the funeral director be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health may RT. Address (Street, city, town or countyCUMBERLAND. NAME (Type) BENEDICT SKITARELIC, M.D. MD. 230 BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify) NOV. 2.1966 SUNSET MEMORIAL PARK CUMBERLAND. MD. BITE TAT. 24. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE BYRON KIGHT CUMBERLAND, MD. 1966 VR A15ME (5) DATE



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13483 death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and-in any event, within 72 haurs after death USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Maryland Allegany Allegany MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (f outside corporate timits write RURAL and give nearest town) 17 months Cumberland Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? 31 Grant St., Cresaptown Kyle Nursing Home NO X YES please remave carban NAME OF F#rs† Middle Lost 4 DATE Year. DECEASED 10 Gates 66 Frederick Alvev (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years 82 yrs Months Hours 8/12/1884 White Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
Telegraph Opr. COPPLIES. WDUSTRY Railroad Paw Paw, W. Va. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Elizabeth Thomas Daniel W. Gates 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (fives give wor or dotes of service)
UNKNOWN 16. SOCIAL SECURITY NO 17. INFORMANT Cumberland, Md. 705-05-8200 Frederick A. Gates, Jr. 5 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per Jime for (o), (b), and (c).) signed by the burial-transit p CHISET AND DEATH PART I, DEATH WAS CAUSED BY. Lowonue IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? terioschiosis toute cust NO ĮQ. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 10 \ to_1 be retained should 19 6 and that death accurred at _M, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING 10:24:66 director, page 3 should be filed v M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S LONACOIVIN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Cumberland Allegany Md. Hillcrest Cemetery Burial 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Miorley 1966 Cumberland, Maryland DATE Philip B. Wendt



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	4000	CERTIFICATE OF I		13480			
M	PLACE OF DEATH a. COUNTY Allegany	2. USUA D. STA		f institution Residence before admission) b. COUNTY Allegany			
1	b CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) Cumberland		OR TOWN (if outside carporate limits, v Cumberland	write RURAL and give nearest town)			
	d. NAME OF HOSP.TAL OR INSTITUTION (If not in hospital, give street of Sacred Heart Hospital	ddress) d. STREET	et address 120 N. Smallw	o is residence on a farm? yes \(\) NO \(\)			
		Middle Gli	ick OF DEATH	Manth Day Year 19 66			
1		R MARRIED B DATE OF		years IF UNDER YEAR IF UNDER 24 HRS. Haurs Min M			
	10a JSUAL OCCUPAT ON (Give kind of work dane during most of working file, even if retired) INDUSTRY HOUSEWILE	NESS OR 11 BIRTI	THPLACE (County & State, or foreign count Md.	(ry) 12 CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME Michael Weisel (deceased)	14. MOTH	THER'S MAIDEN NAME Margaret Long	(deceased)			
	IS WAS DECEASED EYER IN S ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service)		Patients chart	Address			
Ī	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Uncertabled decrease ONSET AND DEATH						
	Canditions, if any, which gave inse to immediate cause (a),	a mesenter	ic Uhrombosis	bowel 3 day			
	stating the underlying cause (c) Cavaly	tu eleusa	ud gadmi del	leteten 3 days			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B Chalcuptertony 9/28/66			YES NO			
	Choley textury 9/28/66 YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO						
	≥ p.m. 19 atwark 🗀 atw	Vhile factory, street, a	affice bldg., etc.)				
		deceased from $9/29$	9 , 19 66 , to 1 0/ accurred at <u>9:30 P</u> M, fram o	, 1966, that (I) (we) los causes and an the date stated above			
	220. SIGNATURE TE Fair	M.D. PHYS	NDING MED. STA DIRECTOR PHY	eff m landa la			
/	NAME (Type)	ME OF CEMETERY OR CREMATORY		ity or Tawn) (Caunty) (State)			
1	BUTIAL Oct. 7.1966 SS.	Peter Paul Co	emetery Cumbo				
11/2	0	dand Mad.	DATE OCT : 1 100				



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
$\setminus 1$	13481 CERTIFICATE OF DEATH 13481
4	PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, H institution: Residence before edn a. STATE b. COUNTY
1	Allegany Maryland Maryland Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ŀ	Rawlings d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4. STREET ADDRESS
	ONA!
	3. NAME OF First Middle LA DRTE Moulh Day Year
	(Type or print) Philip S. Gordon DEATH Oct 15, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 2
	Male White WIDOWED DIVORCED April 1, 1901 65 yrs. Hours
ľ	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT CO
I.	RT. Cerman B & O RR Oldtown, Maryland USA
1	13. FATHER'S NAME
I	Ulysses Gordon Margaret Crabtree
1	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(Ifyesgivewerordetesofservice)] Rawlings
ŀ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
I	PART I. DEATH WAS CAUSED BY:
ı	IMMEDIATE CAUSE (a) C. Or ON Long Sheekoning
ı	Conditions, it any, which (b) Coming implying Bilines Chies 1953
l	Seve use to tritilia glate canse
ı	(a), stating the underlying DUE TO cause lest. (c)
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU
l	YES N
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH I THERE, NOTIFY MEDICAL EXAMINER!
l	ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
۱	Hour s.m. While Not White factory, street, office bldg., stc.)
ı	21. I certify that (I) (this hospital) attended the deceased from
ı	saw the deceased alive on
ı	22e. SIGNATURE ATTENDING MED. STAFF 22b.
ı	M.D. PHYS. DIRECTOR PHYS.
ı	22c. PHYSICIAN'S NAME (Type) T. C. Giffin M.D. Zed. ADDRESS Keyser. West Va.
Į.	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify)
1	Buriet Oct 18,1966 Waxler Cemetery Rawlings, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE
4	TOD I 1 DOC Wilmeles Jude
ı	Cilly 711, 1 true Keyser, West Va. DATE OCT 19 1966 4

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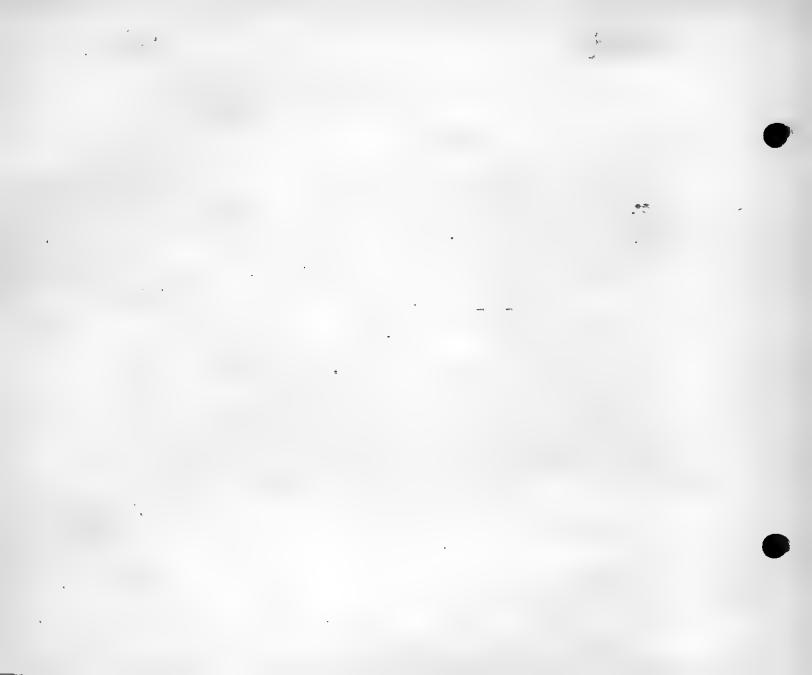
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13486 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O. COUNTY ALLEGANY o. STATE MARYLAND promave carban papers. Pages I grany event, within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside carporate) mits, **AUGUSTA** DAYS IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS HOSPITAL MEMORIAL YES NO V Middle HAINES 4. DATE 3. NAME OF First Doy Year campletely 66 OCT. DECEASED OF CHERYL DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED (ost birthdov) Months Hours 9/28/66 WHITE FEMALE WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT IGo LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ROMNEY, W. VA. COUNTRY? A during most of working life, even if retired) INDUSTRY burial, crematian, ar remaval, and 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME MYRTLE CORBIN THOMAS HAINES 17. INFORMANT Address 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta las! WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 19 66 ta 10 - 4 . 19 66 that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased fram 10-2 19 Lefand that death accurred at 9. 30M, Arkin causes and an the date stated above. 10-4 saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR PHYS. director, page shaufd be filed 22d ADDRESS 22c. PHYSICIAN 500 GREENE ST. CUMBERLAND. NAME (Type) DR MD. DAWSON 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specity) Hamps'ire. WVa. Shanks. Dale Cemeteru 25b. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1 !	MARYLAND STA Division of STATISTICAL RESEARCH AND RECOR	TE DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
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OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac	21. I certify that (I) (this hospital) attended the deceased saw the deceased alive an 1966, c	and that death occurred at	M, Iram couses and on the date stated abave
D HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the hast D FUNERAL DIRECTOR: After this cer director, page 3 shauld be detache shauld be filed with the State Dept	22c PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN	MD ATTENDING MED DIRECTOR 22d ADDRESS 59 GREE	
to Hospital Page 4 may O FUNERAL I director, pag shauld be fil	230 BURIAL (REMATION, REMOVAL (Specify) BURIAL (Specify) OCT. 22,1966 OLDTOWN		LOCATION (City or Town) (County) (Stote) OLDTOWN, MD.
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR ADDRESS BYRON KIGHT CUMBERLAN	D. MD. 25g RECD BY REGIDENT 25	STRAR 256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b. COUNTY** a. STATE ALLEGANY ALLEGANY MARYLAND City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b YEARS SLABTOWN SLABTOWN ease remove carbon papers. and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. IS RESIDENCE ON A FARM? YES NO X and completely t executed within 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED ÖF DEATH (Type or print) 1966 OCTOBER WIT.T.T AM HEIMICKAGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED 7 NEVER MARRIED Hours WIDOWED DIVORCED T 907 12. CITIZEN OF WHAT COUNTRY?
A U.S.A. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INDUSTRY TEXTILE PRE-TREATING ROOM 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal SARAH JANE BLACKBURN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT burial-transit permit. burial, cremation, or (Yes, no, or unkown) (if yes give war or dates of service)
YES
3-16-270298 that the death MR. DARRELL CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as rould be filed with the State Dept. of Health prio (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO X YES 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) director, page 3 should be de should be filed with the State Hour a.m. MEDI Not While at work at work 1966 to Oct 15, 1966, that (1) (we) last be retained 21. I certify that (!) (this hospital) attended the deceased from. Oct-10 1966, and that death occurred at. saw the deceased alive on _M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR Page 4 may ADDRESS PHYSICIAN'S NAME (Type) (State) LOCATION (City, town or county) BURIAL, CREMATION, REMDYAL (Specify) 2 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Mowey HAFER VR A15 (4) SOWERS 60 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY 2, and 3 to PM3. Page o STATE b. COUNTY Allegany Maryland Allegany MARYLAND after dea b City DR IDWN (If autside corporate imits, write RUR 11 and give nearest town) c LENGTH DE STAY IN 16 c. C.TY OR TDWN (If autside corporate limits, write RURA, and give nearest town) Cresaptown. Maruland Cunberland d NAME OF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE DN A FARM? hours Item 18. Give Pages Office along with far Alana Winchester Ra Memorial Hospital YES 🗌 ND X NAME OF 4 DATE within 72 DECEASED (Type or print) Hershberger Oct The odore Rasmond DEATH 19 66 5 SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED 8 DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs Male White MIDDWED Nov. 27. 1885 10a USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? Retired. Exam.ner's Janiton elanese Fibres Manuland 13 FATHER'S NAME 14. MOTHER'S MATDEN NAME penc.! be executed within Abraham Hershberger Susan Shook IS WAS DECEASED EVER NUS ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service) 16 SOC AL SECURITY NO 17 INFORMANT crematian, ar remaval, Mrs. Leonard Stouffer, Cresaptown. 214-07-1907 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (a) This certificate shauld cate, writing the ward be farwarded to the Cl DUE TO CORONARY SCLEROSIS Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse О used as burial, a 90 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO DI its designated agent, prior to 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 shauld CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or fown) (Caunty) (State) factory, street, office bldg,, etc.) FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry XI, and in my apinian Natural causes_KX Accident Suicide [], deoth resulted fram Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health ar i October 15. DEPUTY MEDICAL EXAMINER X SKITARELIC. **EXAMINER'S** Address (Street, city, town, or county) Counberland, ild NAME (Type) 23a BLRIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10/18/66 Cumberland. Allegany. Hilloroxt Burial Park 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR VR A15ME (5) 1966 Mariles 6M 1/66 Waine George, Cumberland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13400 ow requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH LEGANY O. COUNT LEGANY " STATEMARYLAND MARYLAND remave corbon papers. Pages I n ony event, within 72 hours after signed by the ottending physician and completely filled in by the f burial-transit permit. Then please remave carban papers. Pages c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 16 FROSTBURG. MD. 47 DAYS d. STREET ADDRESS RT.#2 BOX 23 o IS RESIDENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street oddress) MEMORIAL HOSPITAL NO A HESS 3 NAME OF Middle 4. DATE Dov Year 19 66 DECEASED MR. **JACOB** J. OCTOBER (Type or print) DEATH AGE (In years IF UNDER 24 HRS. B DATE OF BIRTH S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED (Stathday) 6/1/01 WHITE MALE WIDOWED DIVORCED 12 CIT ZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR COUNTRY? A. ECKHART. MD. 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME REGINA MC CUSKEY JOSEPH HESS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war or dates of service) CUMBE RLAND. MD. MEMORIAL HOSPITAL . 214-01-3788 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause perfine for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (4) DUE TO Conditions, if any, which gove ? rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, affice, bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram_ \mathcal{L}_{i} that (1) (we) last director, page a surand that death occurred at 11.500 Add causes and on the date stated above saw the deceased alive on_ 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR 22d. ADDRESS 22 - PHYSICIAN'S NAME (Type) R. 122 S. CENTRE ST. CUMBERLAND R.J.WILLIAMS 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF (State) 23a. BURIAL, CREMATION, ADDRESS AS MEMORIAL FICSTIBU 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE 1455

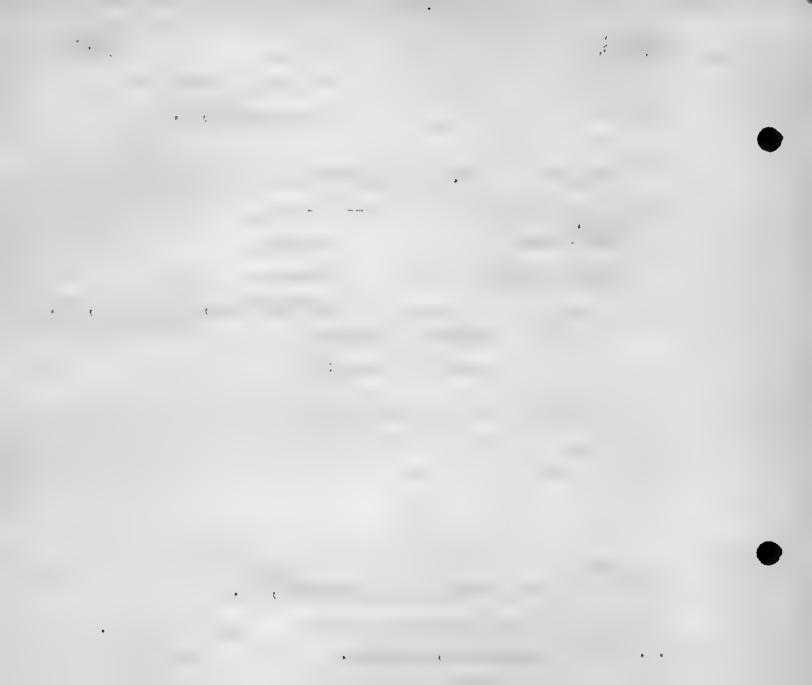


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence-before admission) a. COUNTY Db. COUNTY MARYLAND b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and eye neares) town) sician and completely filled in by ease remove carbon papers. Pag and in any event, within 72 hours OR INSTITUTION (If not in hespital, give street address) e. IS RESIDENCE ON A FARM? YES No X NAME OF Middle DATE Month Day DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OF RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHA County & State for foreign country) þe during most of working life, even if retired) INDUSTRY certificate INFORMAN 16. SOCIAL SECURITY NO. death (Yes, mo, og unkown) | (Ifyes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. MYOCARDIAL LOW FAREFION IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to **DUE TO** cause (a), stating the underlying cause last, has CERTIFICATION After this certificate had be detached for use a State Dept. of Health pa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CHRUNIC. LYMPHATIC NO V LBUKEMIN YES T 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While at work at work p.m. 10-10 21. I certify that (!) (this hospital) attended the deceased from. 19 CF to 10-23 19-6 that (1) (we) last 1966 and that death occurred at 62M, from the causes and on the date stated above. 10-21 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 10-24-60 M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 126 N. SMALLWEED Lahrek L. MICHABL DATE THEREOF 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State **FUNERAL DIRECTOR** 25b. REGISTRAR'S VR A15 (4) 15M 4-64



☆Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE o. COUNTY 6. COUNTY Maryland Allegany Allegany MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1h Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 23 Virginia Avenue Sacred Heart Hospital YES NO X 4 DATE 3 NAME OF First Lost Month Уваг DECEASED Boyd W. Hosier 1966 10 (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths 10/27/93 Male White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired) COUNTRY? B & O (retired Martinsburg, W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal P. Marshall Hosier Martha Willard 17 INFORMANT 16 SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war or dotes of service) 705-07-8726 patient's chart IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART ! DEATH WAS CAUSED BY NYERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH CALCAMORIA IMMEDIATE CAUSE (o). 165X DHE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) Not While factory, street, affice blda, etc.) at wark 22o. SIGNATURE 22b DATE SIGNED --MED DIRECTOR M.D. 22d ADDRESS Crane St., Cumberland, 14. 22c. PHYSICIAN'S Lewis Brings, 1.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, 23b DATE THEREOF (County) P REMOVAL (Specify) Ousens Point Cemetery Keyser, W. Va. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR James F. Scarnelli, Cumherland, Md. VR A15 (4) 1966 20 M 1/66

		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	V	13:02 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13480
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Bany Stain	3.	NAME OF First B. Middle Last 4. DATE Month Dey Year OF
At a straight		(Type or print) WALTER N. HOSKINSON DEATH 10/15/1966 19
450元年	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 74 HRS
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Pa Pa Pa In	1	Retired Farmer Maryland USA
Page 1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PA PA		Thomas Hoskinson Gertrude Fletchall
造り長亡員	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
× 80 - 1 - 1 - 1	, PYY	no, or unkown) (Ifyes give were release fservice)
wit wit san	-	No Estella Hoskinson, Poolsville, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] NERVAL BETWEEN
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in de la	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY Or CONTRIBUTING
日本文字点	Ü	CAUSE OF DEATH.
Ni ii i	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Siete)
A Page of	ğ	Hour e.m. While Not While fectory, street, affice bldg., etc.)
元 第 表 語 ip	Σ.	p,m. 19 st work st work
Tight of the second of the sec		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
S T S S S S S S S S S S S S S S S S S S		death resulted from: Natural causes
IC Ce		CHIEF MEDICAL EXAMINER
SAB		ACTUAL DE LA LA CALLA CONTRACTOR ASSISTANT MED. CAL EXAMINER DETE SIGNED
3 8 8 8		DEPITY MEDICAL EXAMINER W
PUTY execut uld be i NERAL designa		NAME (Type) Benedict Skitarelic Cumberdand or county)
M S OP N	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siefe)
H % W H -	1	REMOVAL (Specify)
5 g 4 5 g 8		Burial 10/18/1966 Monocacy Cemetery Beallsville MD. FUNERAL DIRECTOR P246. REGISTRAR'S SIGNATURE
VS. AISME	23	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0
5M 9/60		W.C. Hilton Barnesville, Maryland. DATE OCT 21 1966 Charles Judge
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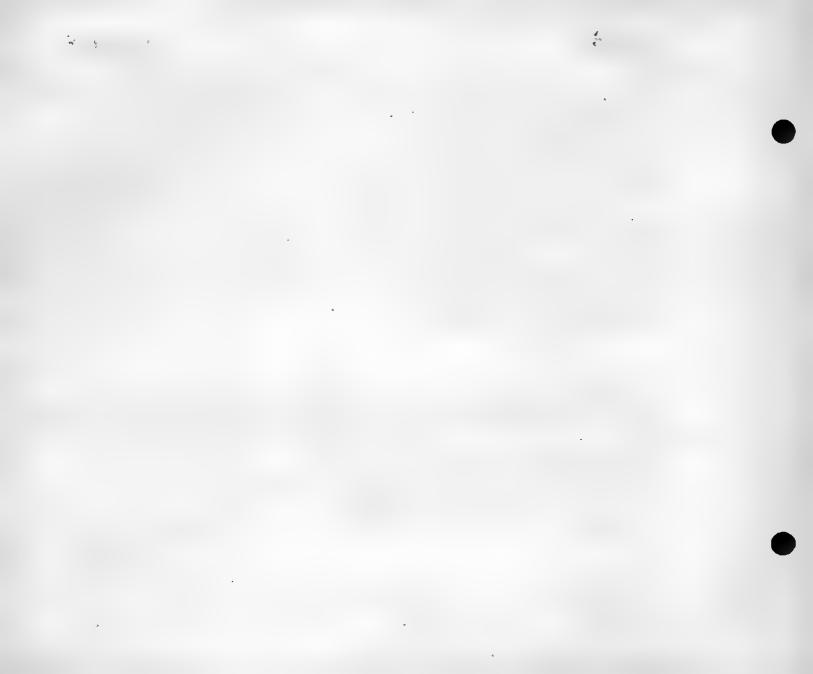


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13494 requires that the death certificate be executed within 24 hours ofter death the attending-physician and completely filled in by the funeral isst permit, fillyen please remove carbon papers. Pages 1 and mation, or regional, and in any event, within 72 hours after/death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. City OR TOWN (If outside corporate imits, E LENGTH OF STAY IN 1b c EITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 20 DAYS FROSTBURG. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS MINERS HOSPITAL 68 W. MAIN STREET YES NOXX 3 NAME OF 4. DATE First Last Year DECEASED OF DEATH OCTOBER GEORGE **JEFFRIES** 18th. 1966 G. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (n years 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Dovs Hours AUG. 11th, 1879 MALE WHITE WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work dane during most af working ite, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** INDUSTRY RET. CUSTODIAN

13. FATHER'S NAME ELKS LODGE TISA MARYLAND 14 MOTHER'S MAIDEN NAME cremation, or region SAMUEL JERRAMES SUSAN HOCKING Address 68 W. MAIN ST. 16. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) fill yes give wor ar dotes of service) 213-12-0031 FROSTBURG, MD. MRS. EDITH JEFFRIES, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Poge 4 may be retoined by the hospitol or ottending physicion. DUE TO CEREBRAL ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate cause (a) DUE TO stating the underlying cause O FUNERAL DIRECTOM: After this certificate has been director, page 3 should be detoched for use as the 3 should be detoched for use os the with the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIF CATION NO 🔀 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While of work of wark 21 1 certify that (1) (this haspital) attended the deceased fram Sept. 28, 1966, to all 18, 1966, that (1) (we) last saw the deceased alive an activities 1966, and that death accurred at 3, 35 M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v M.D. 22d, ADDRESS 22c PHYSICIAN S 67 E. MAIN ST-FROSTOURG, 413 A. PAIGE STRONG 11 NAME (Type) 23d. LOCATION (City or Tawn) FROSTBURG, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) REMOVAL (Specify) FF. BG. DEMORIAL PARK 10-20-66 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15 (4) FROSTBURG. MD. JOSEPH R. DURST, SR.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13495 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY campletely fulled in by the layer carban papers. Pages b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 remove carban papers. Pag FROSTBURG LIFE FROSTBURG 8. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS GRANT STREET YES NO K MINERS HOSPITAL 3. NAME OF Middle 4. DATE First Lost Dov Year DECEASED 19 66 TIMER JONES DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (in years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED .TITLY 19. 1902 MALE WHITE the attending physician and sit permit. Then please rem 10p, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY ana MARYLAND HERCULES POWDER 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME JANE ARTHUR ENOCH JONES 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) MRS. MARGARET JONES, FROSTBURG. MD. 274-07-7473 INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH signed by t IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the | priar to l Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 🔀 far 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20f. (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour a.m. factory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 10-28-, 1966, to 10-29-, 1966, that (1) (we) last saw the deceased alive an 10-29- 1966, and that death accurred at 120 PM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** Z M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TRONG FROSTBURG NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)
BURIAL FB'G. MEMORIAL PARK FROSTBURG 255. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13458 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral lere please. Pages I and over a manaye carbon papers. Pages I and over, and the within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH ALLEGANY a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 b CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS MEMORIAL HOSPITAL 135 ARCH STREET YES NO X Middle 4. DATE 3. NAME OF First Last Month Year MAR DECEASED 19 66 KALBAUGH 10 (Type or prest DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Hours Days 12-30-3888 FEMALE WHITE WIDOWED X 13 BIRTHPLACE (County & State, or fore 10a USUAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY MARYLAND -C CTERT Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ALLEN CATHERINE OSS Ebenezer 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no ar unknown) (If yes give war ar dates af service MEMORIAL HOSPITAL. CUMBEPLAND. MD. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (6) Congestive Heart Failure signed by Acute Stroke with left hemiplegia. Canditions, if any, which gave rise ta immediate cause (a) 5 days cerebral edema and coma DUE TO stating the underlying cause the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the (c) Arteriosclerotic CVD Years PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use Health NO YES 🗍 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at wark at wark TO HOSPITAL OR ATTENDINI Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram October 101966, to Oct.15, 1966, that (I) (we) last should saw the deceased wive an Oct. 15, 1966, and that death accurred at 5:40, from causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. 泵 10-17-66 M.D. PHYS 22d. ADDRESS NAME (Type) DR. DOERNER Jr., 414 N MECHANIC. CUMBERLAND. MD. M.D. director, should b 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 23b DATE THEREOF (State) BUTTAL (Specify) Oct. 18,1966 Cumberland, Md. Allegany Rose Hill Cemetery 25b REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR ADDRESS 24. EUNERAL DIRECTOR Scarnelli, Cumberland, Md. Misules & VR A15 (4) 20 M 1/66 19\$6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13456 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) "ALLEGANY b. COUNTY MARYLAND b CITY OR TOWN (if autside carparate limits, BUCH RESTAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) physician and campletely filled in by the write RURA, and give nearest town) CUMBERLAND, gase remave carbon papers. Pac and in any event, within 72 hours 5 MIN CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARMS MEMORIAL HOSPITAL 08 SPRINGDALE NO V 3 NAME OF First 4. DATE Last Doy Year DECEASED NELLIE OCT. 66 KAMMAUF 19 (Type or print M DEATH IF UNDER 1 YEAR AGE (n years IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 7 Last birthday) Manths 10-29-92 FEMALE WHITE WIDOWED DIVORCED TOB. KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a. USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY CUMBERLAND. MD. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME LYDIA GREEN THOMAS SMITH 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CO DUE TO Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause as the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. Page 4 may be retained by the hospital ar b 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg_etc.) TO FUNERAL DIRECTOR: After 2]. I certify that (I) (this haspital) attended the deceased fram_ and that death accurred to .. M, fram causes and an the date stated above saw the deceased alive an_ 22b DATE SIGNED 220 SIGNATUR DIRECTOR 22d. ADDRESS directar, pag shauld be file 224 PHYSICIAN'S R.J.WILLIAMS 122 S. CENTRE CUMBERLAND, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF (County) TO REMOVAL (Specify) ov. 2. 1066 Davis Memorial C metery Cumberland Ma. - Allerany 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Gearnelli, Cumberland, Ma.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and completely filled in by the funeral remove carban papers. Pages 1 and a. COUNTY a. STATE **b.** COUNTY Allegany Allegany MARYLAND b CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give necrest town) Cumberland Cumberland d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 625 Shriver Ave. Sacred Heart Hospital NO F 3 NAME OF Middle 4. DATE Lost Month Day Year DECEASED 19 66 Anthony P. Kastner 10 11 (Type or print) DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours 3/12/84 W and in any X WIDOWED DIVORCED An yes 10a USJAL OCCIPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1), BIRTHPLACE (County & State, or fareign country) dution most of warkinguite, even if retired) COUNTRY? ease **→INDUSTRY** Maryland, Allegany Cd rewery USA Tohrest fireman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Gross Antone Kastner 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or baknown) ((If yes give war ar dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address attendi 214-05-4774-4 patient's chart crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) **DUF TO** Canditions, if any which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the priar to the haspital ar attending has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION Tais YES NO O FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 af item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, affice blda, etc.) Nat While at wark 1906, that (1) (we) lost 21. I certify that (I) (this hospital) ottended the deceased from 10/10 10 . 19/16_, to_ 19 66, and that death accurred of 68 M, fram causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS. DIRECTOR PHYS director, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREQU NAME OF GEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify) uria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Allegany b. COUNTYAllegany r filled in by the furpapers. Pages 1 in 72 hours after o a. STATE Maryland afte MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Lone coning c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) homrs Corriganville 3 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 24 Kyle NursingHome NO IS YES completely i within 3. NAME OF Last Middle DATE Month Day Year DECEASED Lucinda 1966 29 Kinser October (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Months | any Davs and Female White October 20,1896 WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRYZ physician n please r Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and Corriganville. Md. rtificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Nickle unkn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. Address ö (Yes no, or unkown) (If yes give war or dates of service) 217-14-4292 Mr. Dklen Geiger, Corriganville, Md. cremation. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) loaks DUE TO Cenditions, If any, which (b) been gave rise to immediate 計品 DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? certificate NO F 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 19 62 to CO 0 29, 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on Oc 1966, and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. 0. DIRECTOR M.D. Page 4 may E E HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) LONACONING 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City, town or county) (State) 20 REMOVAL (Specify) Greenmount Cemetery Cumberland, Maryland Nov. 1, 1966 Ruri a FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hyndman, Pennsylvania VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13500 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then press I and 2 action or somewhat have event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution o. COUNTY o. STATE COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
RROSTBURG FROSTBURG. A WEEKS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not 'n hospital, give street address) d STREET ADDRESS MINERS HOSPITAL 40 WASHINGTON ST. NO XX 3. NAME OF 4. DATE Year DECEASED
(Type or print) J. LARMMERT OCT. ALBERT 15TH. 19 66 DEATH IF UNDER 24 HRS. 5 SFX DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED XX 6 COLOR OR RACE **NEVER MARRIED** lost birthdoy) Months Hours SEPT. 22nd.1880 MALE WHITE WIDOWED DIVORCED 100 JSJAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10b during most of working life, even if retired)
RET. JANITOR CELANESE CORP. COUNTRY? MARYLAND USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY LARMMERT KATHERINE BRODE Addres O WASHINGTON ST. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service FROSTBURG. MD. 215-10-4466A Mrs. CLARA LAENMERT, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the priar ta Page 4 may be retained by the haspital ar attending has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO T 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20s. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc.) O FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased fram 1966, ta 06/15, 1966that (1) (we) last 19 6 9 and that death accurred at M, fram causes and an the date stated above saw the deceased alive an Ask 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** director, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS JOHN B. DAVIS, 2 BROADWAY, FROSTBURG, MD. NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL CREMATION REMOVA (Specify)
BURIAL F'BG. MEMORIAL PARK 10-18-66 FROSTBURG. 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Marles VR A15 (4) 20 M 1/66 1966 JOSEPH R. DURST. SR. FROSTBURG. MD. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13503 requires that the death certificate be executed within 24 haurs after death land campletely filled in by the funeral remave carban papers Pages I and in any event, within 72 haurs after deat 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND **ALLEGANY** ALLEGANY b. CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) wks. CUMBERT AND CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL POTOMAC STREET YES No 🏋 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED Type or print) LTPSCOME DEATH DATSY OCTORER IF UNDER I YEAR S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED WHITE 12-12-89 HIM ALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? lousiwlfe AURORA, W.VA. Own one II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, the attending pliy OLIVE (HARDESTY ISSAAC WORING WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) signed by the atten burial-transit permit burial, cremation, a PI'S CHARI no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. 266X DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO as the prior to l stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The law last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AJTOPSY PERFORMED? detached far use on the Dept. of Health p YES -NO by the haspital ar 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) at wark 2). I certify that (I) (this haspital) attended-the deceased fram. 1900 19 that (I) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive an. M, fram causes and an the date stated above. and that death accurred at 22a, SIGNATURE 22b. DATE SJGNED ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIANS NAME (Type) GREENE ST CUMBERLAND. MARYLAND 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Carland. ัลท_{ี่}ขไลท CATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **HEALTH DE** 問 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, functional Residence before admission) a COUNTY Alleganii o STATE **b** COUNTY l 3 to Page Haryland Allegany 70 MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town)
Cumberland c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY N 16 Cu berland. d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE in Item 18. Give Pages 1, r's Office alang with farm hours ON A FARM? Memorial Hosp. 508 Jarshall St. Stote YES NO IX 24 haurs after death 3. NAME OF Middle First Lost 4. DATE Month Year within 72 Dav DECEASED Loeber October George Conrad 19 66 DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ast birthday) Davs Male white 2/5/87 WIDOWED D-VORCED. CV ond. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of work agilite, even fretired) INDUSTRY COUNTRY? Cumberland, Haryland
14. MOTHER'S MAIDEN NAME Cumb. Health Dent. he ward "pending" in pencil in to the Chief Medical Examiner's Custodiai in pencil i 13. FATHER'S NAME This certificate shauld be executed within Conrad Loeber Emna Judu and WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Md. (Yes, no, ar unknawn) (If yes give war ar dates af service) ar remayal, 214-05-6263 hrs. Janda L. Shrout 508 Harshall St. Cuno. Yes NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 5 class PART I DEATH WAS CAUSED BY Contusions of brain IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO 5 days Skull fracture Conditions, flany, which gave rise to immediate cause (a). DUE TO stating the underlying couse burial, nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES XX No f agent, prior ta 20a EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING □ 20b DESCRIBE HOW IN. JRY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Page 4 shauld Fell at daughters nome CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year Hours Sept. 30 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) Not While at wark factory, street, affice bldg, etc.) FUNERAL DIRECTOR: Page Cumberland. Allegan, ild. designated 21. I certify that I taak charge of the remains described above, held on Autopsy [X]. may be retained far Inspection [3], Inquiry X and in my apinian director. death resulted from. Accident X Suicide . Ungetermined manner Natural causes 17 Hamic'de CHIEF MEDICAL EXAMINER 10/7/66 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funera. TO DEPUTY 5 may be IO FUNERAL Hearth ar i Rt. # DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Benedict Skitarelic. 1.D. Address (Street, city, town, or county) Cumberland. NAME (Type) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City of Town) (County) (State) REMOVAL (Specify) Cumberland Alleaany. 10/7/66 Rose Hill Cometer Burial 1966 Flories 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) H. Jayne George Cumperland, Id



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5		redou.	CERTIFICATE	OF DEATH	13	499			
		PLACE OF DEATH			Where deceased lived, if institution	on Residence before admission)			
	(Allegany	MARYLAND	Maryland	d b. coun	b. COUNTY Allegany			
	- 1	b CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15		itside corporate limits, write RUR	AL and give nearest lown)			
		write RURAL and give nearest town) Frostburg		Lona	coning				
	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM2_			
- ,	L	Miners Hospital		Done	rlas Ave.	YES NO K			
		NAME OF First	Middle	LOST	4 DATE Month	Day Year			
		(Type or pnn!)	М.	LOVE	DEATH 10/	7/1966 19			
	S 5	a cook of the first the	The state of the s	8. DATE OF BIRTH	9 AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.			
		emale White WIDOWE		6/7/1880	86 yrs				
	10o duri		KIND OF BUSINESS OR INDUSTRY	, ,	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
		ing most of working life, even if retired)		Watchier		USA			
	13.	FATHER S NAME	_	14 MOTHER'S MAIDEN I					
	16	Michael Muir WAS DECEASED EVER IN U.S. ARMED FORCES?		Hanna	ah Jones Addres				
	(Ye	was deceased ever in U.S. ARMED FORCES? Is, no, or unknown) (If yes give war or dates of service) No							
	<u> </u>			rs. Alice	Love, Frede	rick, MD			
		18. CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY	or (a), (b), one (c))	2000	(Daughter-i	ONSET AND DEATH			
		IMMEDIATE CAUSE (a)	nyocanaras	Sychon	0.42				
		Conditions, if any, which gove) (b)	signam Dr	chamin	enso 6 mos,				
		rise to Immediate couse (a). Stating the underlying couse DUE TO	1 2 -	f'					
		last (c)	dvanced as	denosale	weig	years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									
	ATIO	Undigenosed GI	bleeding			PERFORMED? YES \(\bigcap \) NO \(\bigcap \)			
		20g accident was underlying ☐ 205 Or contributing ☐ cause of death	DESCRIBE HOW INJURY GOCURRED	(Enter nature of injury in	Port I or Port II of Item 18)				
	8	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL CERTIFICATION	20c, TIME OF INJURY Month, Doy, Yeor 20d Wh		CE OF INJURY (Home, form tary, street, office bldg., etc.)		(County) (State)			
	2	p.m. 19 at w	vork U of work U	(105/ 11 101 11			
		21. I certify that (I) (this hospital) atte	inded the deceased fram	t dath accurred at	1966, to 00 7	, 19 <u>66</u> , that (1) (we) los and an the date stated abave			
		saw the deceased alive an Caracana Standaruke	1700, dild illd	dealli occanea ai	TI D III, II dill Cubses V	22b. DATE SIGNED			
		M.D. ATTENDING MED DIRECTOR STAFF 10.8.66							
		22c. PHYSICIAN'S DOLL	ana 6 h	22d ADDRESS	A = = = = =	10.7			
,		NAME (Type) L. 17.17/1LE	20K' M'D'	LON	ACONING,	MID.			
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Tov				
1		Burial 10/7/1966			Lonaconin				
)	24	GEORGE ETCHHORN LO	ADDRESS MD		D BY REGISTRAR 255 REG	GISTRAR'S AIGNATURE			
0			naconing Will	DATE	111.	11 11 17			

Lonaconing, MD.

OCT

DATE

VR A15 (4) 20 M 1/66

GEORGE

EICHHORN

TO FUNERAL DIRECTER: After this certificate has been signed by the attending-physican and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. These observe remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and only event, within 72 hours after deathy

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

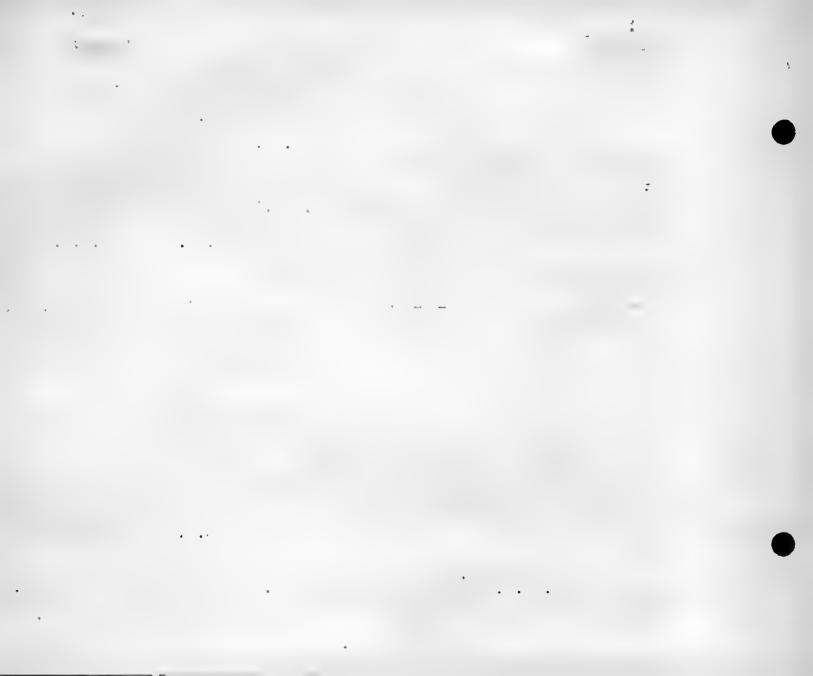
Page 4 may be retained by the hospital ar attending physician.



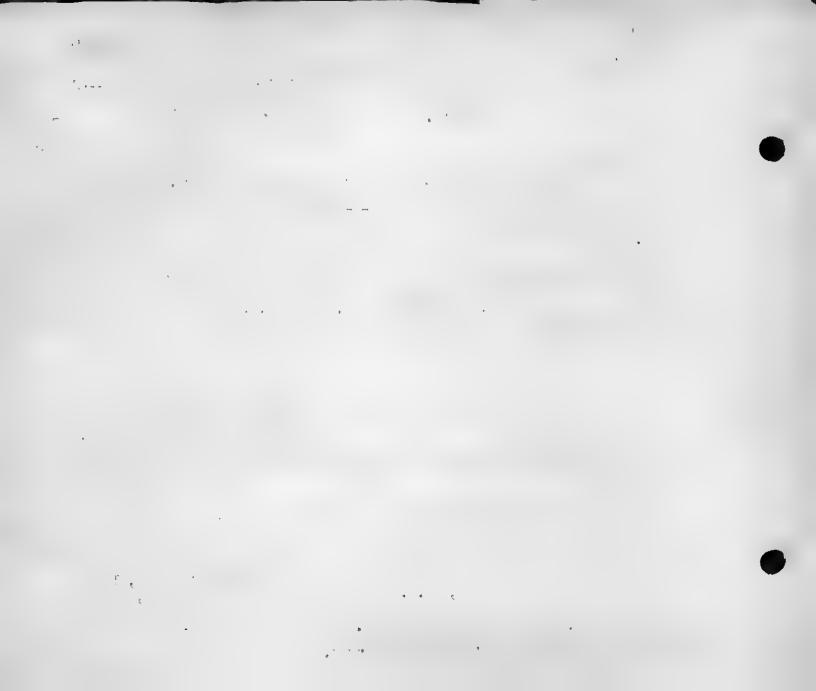
THE STATE OF THE S	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13504 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13500
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
sary, heral be hent sath.	Allegany MARYLAND D. CITY OR TOWN (If Outside corporate limits, write RURAL and give neerest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
cessary, o the funeral e 5 may be Department after death.	Cumberland 50 yrs. Gumberland LaVale Md. d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page Page State D Phours all	Memorial Hospital D. O. A. Macy Drive YES No Y
2, and M3. M3. the S 72 ho	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF (Type or print) Albert Hall Macy DEATH October 11 1966
ith. If all form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
ive Page with and 2	Male White WIDDWED DIVORCED Nov. 8,1895 70 yrs. 10a. USUAL DCCUPATION (Give kind of work done 10b. Kind of Business or during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
urs afte n 18. Gi along pages 1 in any (In surance Agent Insurance New York State U.S. A. 13. FATHER'S NAME
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be files. OR: Page 3 should be used as a burial-transit perfet, and pages 1 and 2 with the State Department esignated agent, prior to burial, cremation, or rembial, and in any event within 72 hours after death.	Henry H. Macy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address
within 2 pencil in miner's C permit	(Yes, no, or unknown) (If yespire war or dates of service) yes W V. I Emilie Macy LaVale
ted wi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) COTONARY Occlusion Sudden
ild be executed "pending" in "pending" in Medical Exam I burial-transit cremation, or i	サネケー DUE TO Coronary Sclerosis
uid be ef Mer a buri	gave rise to immediate cause (a), stating the DUE TO
ficate shoul the word or the Chief used as a to burial,	Underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
rifical might the the to the use to cor to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO NO TO NO TO CONTRIBUTION CONTRIBU
R: This certificate, writing forwarded to 3 should be agent, prior i	
NER: 1 lifeate, be for ge 3 s	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work et work
the certificates the ce	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
± 4 = 2 5	ACTUAL B
2 00.0	DEPUTY MEDICAL EXAMINER Coctober 11, 1966
O DEPUTY No please execution of Health o	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
o de de de	Burial 10/14/66 Frostburg Mem. Cem. Frostburg Prostburg Address 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. REC'D BY REGISTRAN 25a. REC'D BY REGISTRAN 25b. REO'S PAR'S CICHARUMAN ADDRESS 25a. R
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1	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS	E DEPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
. 6.	13505 CERTIFIC	ATE OF DEATH	13501
teruted within 24 hours after death campletely filled in by the funeral lave carban papers. Pages 1 and 2 y event, within 72 hours after death.	PLACE OF DEATH O. COUNTY ALLEGANY B. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lawn) C LENGTH OF STAY IN 3	ID O STATE MARYLAND b C CITY OR TOWN (If autside corparate lim	b. COUNTY ALLEGANY alls write RURAL and give nearest town)
hours in by rs. Pour	write RURAL and give negres! town) CUMBERLAND 1 2 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	WESTERNPORT,	e IS RESIDENCE
filled pape	MEMORIAL HOSPITAL	RT.#I, BOX 12	TES LI NU LI
campletely filled in buse carban papers.	3 NAME OF First Middle DECEASED (Type or print) ERNEST	Lost 4 OATE OF DEATH	OCTOBER 25 19 66
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physical physical ple	13 FATHER'S NAME ROBERT MARTIN	14. MOTHER'S MAIDEN NAME EMMA WRIGHT	
he death c attending pirmit Trem	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes give wor or dotes of service) 215—10—8015	17 INFORMANT MEMORIAL HOSPI	Address TAL, CUMBERLAND, MD.
agures that the physician. signed by the burial-transit burial, cremat	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (v), stating the underlying cause lost (c) DUE TO	gastrie ules	INTERVAL BETWEEN ONSE AND DEATH 5 ACT 12 16 - 2722
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PITAL OF Imay be ERAL DI	22c PHYSICIANS NAME (Type) DR. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	122 S. CENTRE	ST., CUMBERLAND, MD.
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	236 BURIAL CREMATION, BEENSVAN Specify) 236 DATE THEREOF 23C NAME OF CEMETER 10/28/66 Philos	West	ON (City or Town) (County) (Stote) Cernport Md.
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR Westernport,	Md. 250. REC'D BY REGISTRAR DATE OCT 3 1	986 Charles Judge



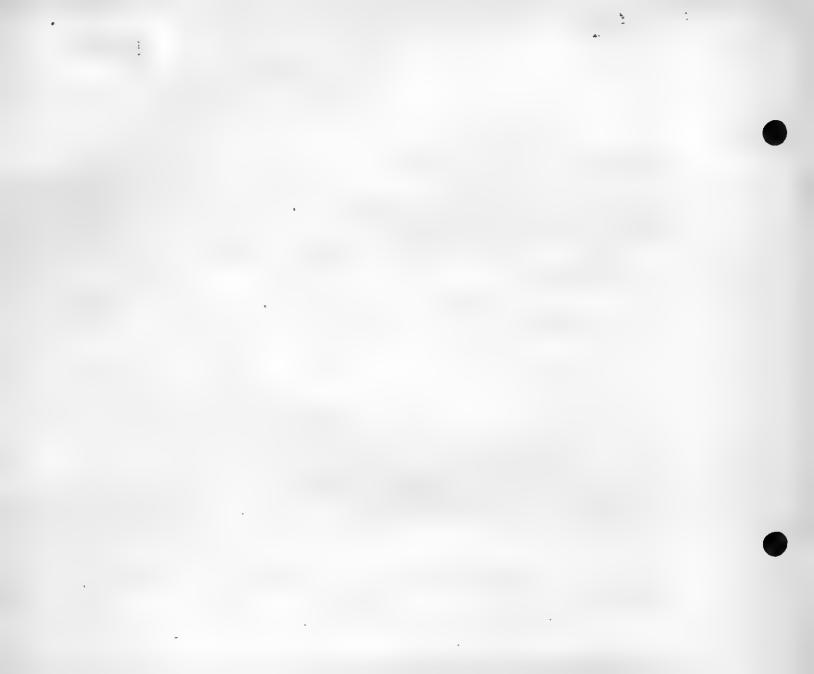
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De		13503			CERTIF	ICATE	OF DEATH		13503	
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pΛ		ME MOR I A	AL HOSPITA	t in haspita, g	give street address)		d. STREET ADDRESS 126 SEYM	OUR ST.		o. IS RESIDENCE ON A FARM2, YES NO S
		NAME OF DECEASED (Type or print)	BERNARI)	Middle		ATTINILY	DATE Man OF OCTOE	3ER	29 19 66 R 1 IF JNDER 24 HRS
	5.	MALE	6 COLOR OR RACE WHITE	WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 2-19-1890	9 AGE (In years lest pirthday) yrs.	Months Doy	s Hours Min
	₽.	ng most of working	(Give kind of work done ite eyen if retired)	10b. KI	ND OF BUSINESS OR DUSTRY	otio		D-CRESATEO	U COUNTS	or what
			IARD A. MA				ELIZABE	TH RUHL		
			R IN U.S. ARMED FORCES? (If yes give war ar dates a		SOCIAL SECURITY NO.		MORIAL HOS	PITAL CUME		, MD.
		18. CAUSE OF DE PART 1 DEAT	ATH (Enter only one county H WAS CAUSED BY IMMEDIATE CAUSE	· ·	(a), (b), and (c))	ifai.	al cayem	erma è	verse !	NTERVA. BETWEEN ONSET AND DEATH
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		stating the under	lying couse DUE	(4)	he	ide	ferment			
Ü	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO				HE TERMINAL DISEASE CONDITI			9. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION		□ CAUSE OF DEATH MEDICAL EXAMINER)			,	Enter nature of injury in Port	· ·		
	MEDICA	20c. TIME OF INJU Hour on p.n	10	20d II While at wark	NJURY OCCURRED Not While at work	20e. PLAC facto	E OF INJURY (Hame, form, iry, steet, affice bldg., etc.)	20f (City or tawn)	(Caunty)	(State)
		saw the de	y that (i) (this has eceased alive on	oital) attend			deoth accurred at	: 15M, from Varuses		that (I) (we) last late stated abave.
ari iriw na		22a. SIGNATURE	10	m	eeu	M D		ECTOR 🗀 PHYS. 💆	22b. DATE SI	2/66
		22c. PHYSICIAN'S NAME (Type)			ISMAN		CUMBERLA			
0	L	BURIAL CREMATIC REMOVAL (Specify	Ont.31	REOF , 1066			a Cometeny	23d LOCATION (City or To Cumberland	F-2177	Tagongo .
M	24	FUNERAL DIRECTO	Correll.	i , Cur	ADDRESS	ľa.	DATE NO		EGISTRAD'S SIGNA	en Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Mary Tand **Allegany** MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page nin 72 hours a Frostburg. .= d. Name of Hospital or Institution (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled in any event, within 72 ON A FARM? NO TY completely to executed within NAME OF Middle DATE Mo 1th Year 4. DECEASED OF DEATH 19 66 Hafer Mattingly Pearl (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 5. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED White Female Jan.9 WIDOWED X DIVORCED T Owned by 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) numberland. Maryland State Funeral Director 14. MOTHER'S MAIDEN NAME Annie Trescher 13. FATHER'S NAME Hafer ED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. n signed by the attend burial-transit permit: burial, cremation, or quires that the death (Yes. no. or unknown) | (If yes give war or dates of service) Martlou M. Sowers Frostburg no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate DUE TO cause (a), stating the r this certificate has b detached for use as t te Dept. of Health prior underlying cause last, (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NONE NO X YES ! 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Db. MEDICAL (County) (State) 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Day, Year TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be de-should be filed with the State I factory, street, office bldg., etc.) Hour a.m. Not While at Work While at work deceased from 10/9, 1966, to 10/9, 1966, that (I) (we) last 1966, and that death occurred at 3.36M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b. DATE SJGNED ATTENDING PHYS. MED, DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Martin Rothstein Broadway, Frostburg, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) 2 Frostburg Mem. Park Frostburg Mary La 25a. REC'D BY REGISTRARY SIGNA 24. FUNERAL DIRECTOR Sowers, VR A15 (4) Funeral-Home 15M 4-64



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livid, if institution, Residence before edimission) a. COUNTY ector, Page a. STATE b. COUNTY Allegany files. MARYLAND Maruland Allegany b. CITY OR TOWN If outs de corporat mis. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Curivercand. Rt. # 2 Flintstone d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? lemorial Hosp. Along U. YES NO V 3 NAME OF 4. DATE Month Year DECEASED OF (Type or print) DEATH Nina 19 66 October 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BRITH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) | Months | Days Hours temake WIDOWED V DIVORCED [Feb. 1891 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own home Petersburg, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjanin Teeter Jane Dolly 15. WAS DECEASED EVER N U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (If yasgiva war or datas of sarvice) 10 Ar. Harvey ii. 'lay 717 Princeton St. Curo. 'Id. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET, AND DEATH PART I DEATH WAS CAUSED BY: COROJARY OCCLUSION IMMEDIATE CAUSE (a) Office DUE TO CORONARY SCLEROSIS Conditions, if any, which " (61 geve rise to immediate cause DUE TO (a), stating the underlying cause last PART J. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY **CERTIFICATION** PERFORMED? NO 🔼 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Part I or Part II of item 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month Day, Year 2Dd. INJJRY OCCURRED 2De PLACE OF INJJRY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg , etc.) WhJa Not While Hour a.m. at work at work Inquiry # 21. I certify that I took charge of the remains described above, held an Autopsy nspection # and in my opinion Natural causes 4 death resulted from-Accident Suicide Undetermined manner N Homicide CHIEF MEDICAL EXAMINER AASSISTANT MED CAL EXAMINER ACTUAL should be FUNERAL DATE SIGNED SIGNATURE October 17. 1966 [1966] 6 EXAMINER'S SKITARELIC. BENEDICT Cumberland. 'harykand NAME (Typa) Address (Street city town or county) 228 BURIAL CREMATION I 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ガロマガ Glendale Cemeteru Flintszone. Allegany Burial Maruland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME vayne George Cumberland, haryland Miarles Judge 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decreased fixed, If institution; Residence before admission) b. COUNTY a. STATE ALLEGANY MARYLAND ALLEGANY MARYLAND Department after death. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) CUMBERLAND CUMBERLAND 6 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State MEMORIAL HOSPITAL 306 HARRISON YES -No X **EXAMINER:** This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 nould be forwarded to the Chief Medical Examiner's Office along with form PM3. Pa 3 MAME OF First Month Middle Last 4. DATE DECEASED the MICHAEL DEWEY McKENZIE 19 66 DEATH OCTOBER (Type or print) I and 2 with event within 6. COLOR OR RACE | 7. MARRIED | 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthdey) Months Hours JAN. 29. MATE WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? U.S.A ASTOR CAB CO. CAB DRIVER MARYLAND pages I 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GEORGE McKENZIE DORA MCKENZIE File pand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or witkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 121 WorksTRIST ST ... permit. removal, RONALD E. MCKENZIE. 215-26-6848 CUMBERLAND. MD. INTERVAL DETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH burial-transit precemation, or r PART I. DEATH WAS CAUSED BY: Contusions of Brain: Subdural Hem. IMMEDIATE CAUSE (8) DUE TO days Conditions, If any, which Skull Fracture gave rise to immediate DUE TO cause (a), stetling the used as a to burial, (60 underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES KX NO should be gent, prior 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) ne certificate, writin should be forwarded Fell on sidewalk 3 shou MEDICAL 20f. (City or town) (County) (State) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour **....Sept. 29,966 et work Alleg. Md. Cumberland. Street CTOR: Page designated at work Inspection X Inquiry X 1. and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy [x], DIRECTOR: Suicide Homicide . Undetermined manner death resulted from: Natural causes Azcident X. CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE for October 5. DEPUTY MEDICAL EXAMINER X FUNERAL please ex director. retained f EXAMINER'S BENEDICT SKITARELIC. M. D. Address (Street, city, town, or county) R.D. 9. CUMBERLAND NAME (Type 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 00 OCT. 8 ST. MICHAEL'S CEMETERY FROSTBURG, MD. BURIAL 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS JOSEPH R. DURST, SR., FROSTBURG, MD. VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 13511 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany MARYLAND Maryland Allegany ofter deoth b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cumberland Cumberland d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours 701 White Avenue in Item 18. Give Poges Memorial Hospital YES 🗔 NO X ate ofter deoth 3 NAME OF M.ddle with the Sto within 72 } First Last 4 DATE Month Doy Year DECEMMEN OF 19 66 10 Arthur Vernon Meeks (Type or print) DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost orthdoy) Months Doys Hours 11/16/1914 DIVORCED White WIDOWED Male 24 hours event 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT USA RY? Railroad Bellet W. Carlton, Ohio Engineer Exominer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME within pencil C Arthur Gilbert Meeks Ethel Esther Hicks He pup 15 WAS DECEASED EVER IN .. 5 ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address be executed (Yes, no, or unknown) (If yes give war or dotes of service) or removal. Marcella Gwendolyn Meeks 701 White Ave yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY-Occlusion Coronary .MMED:ATE CAUSE (o) .. word s a buriol-tro crematian, o This certificate should DUE TO Thrombosis Coronary Hours Conditions, if any, which gove writing the use to immediate couse (a). farworded to **DUE TO** stating the underlying cause Coronary Atherosclerosis last. used as buriol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? please execute the certificate. NO designoted agent, prior to 20o EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Port if of Item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at work of work 21. I certify that I taok charge of the remains described above, held an Autapsy X, Inspection XX Inquiry Tot and in my opinion Natural causes A.A. the funeral director. death resulted from. Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER XX October 23, 1966 EXAMINER'S SKITARELIC. Address (Street, city, town, or Gumberland, Maryland Heolth 23c NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d. LOCATION (City or Town) (State) 230 BURIAL CREMATION. 50 REMOVAL (Specify)
Burial 10/27/66 Davis Memorial Cemetery Cumberland Allegany Md. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5)+ Mineley 9 1966 Cumberland. Md. 6M 1/66 Philin B. Wendt



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral to please remave carban papers. Pages 1 and 2 byal, and in any event, within 72 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND ALLEGANY o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, DAYS rural BARTTON. d. NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street address)

MEMORIAL HOSPITAL e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES IT NO OCTOBER 3. NAME OF Middle 4 DATE First Lost Year. MOORE 31 DECEASED 66 DEATH (Type or print) STANL FY IF JNDER 24 HRS. AGE (In years #F UNDER S SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 4-29-1884 Aspoirthdoy) Months Days Hours WIDOWED DIVORCED MALE WHITE 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of Ethelike Dinates SHIBBRYvard BARTON. MD. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME GEORGE MOORE Alphone CLARK 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or worknown) (If yes give war or dates of service) 212-12-8902 MEMORIAL HOSPITAL-CUMBERLAND. MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Pulmonary Edema INTERVAL BETWEEN burial-transit ONSET AND DEATH DUE TO (b) Pulmonary metastases (left lung) of Conditions, if any, which gave rise to immediate couse (o), carcinoma primary in left hand 8 months stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO S Chronic lymphocytic leukemia 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this haspital) attended the deceased fram Oct.24. , 19.66, ta October 31. 1,616t (I) (we) last saw the deceased alive an Oct. 31. 19.66, and that death accurred at 4:30M, Arbyth causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. **ATTENDING** MED. DIRECTOR 11-1-66 M.D PHYS. DOERNER JR. MECHANNE ST. CUMBERLAND. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 23g. BURIAL, CREMATION, Allegany, PEMOVAL (Specify) near Barton, 11/2/66 Md. Good Hope Com. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Westernport, Md. VR A15 (4) \ 20 M 1/66 DATE NOV 1966



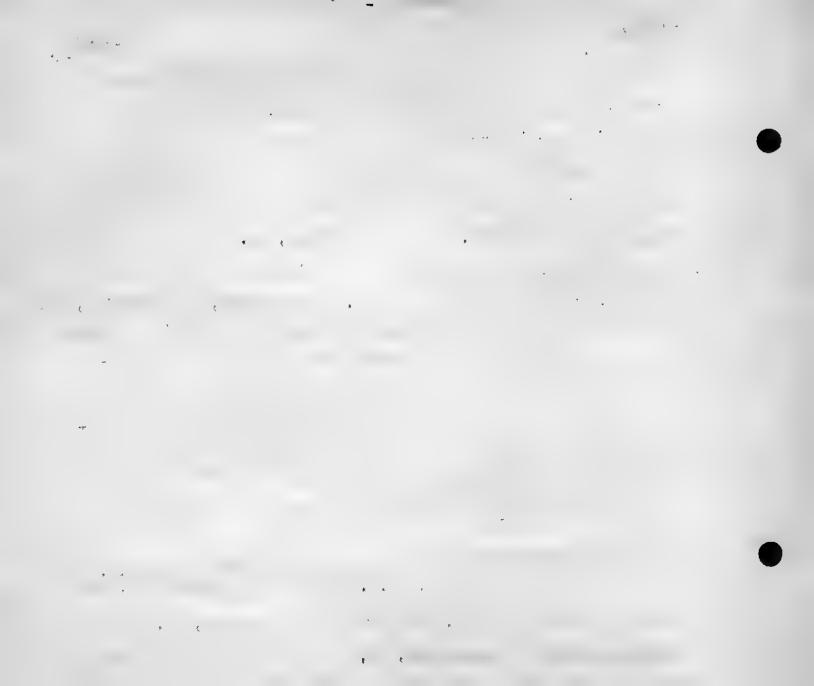
death.

certificate

death



MEDICAL EXAMINER'S ALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) Allegany Allegany Maryland MARYLAND b CITY OR TOWN of outside corporate limits c LENGTH OF STAY N 1b c. CITY OR TOWN , I outside corporate limits, write RURAL and give necrest town write RURAL and give nearest town) Cumberland Lonaconing d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr as) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital -- DOA Jackson YES NO X 3. NAME OF Midd e 4. DATE Month DECEASED OF (Type or print) DEATH METVIN 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B DATE OF BIRTH 9. AGE Iln yeers (ast birthday) Months WIDOWED ! DIVORCED 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Employee Kelly Tire CO. Nikep, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Munson Elizabeth Jackson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT (Yes, no. or unkown) (Ifyesgivewerogdatesofservice) Yes Lonaconing, MD. Mrs. Helen Munsonl 18. CAUSE OF DEATH [Enter only one cause per line for (e), ,b), and ,c,] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (e) Thrombosis Coronary Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying Coronary Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPS CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of anjury in Pert I or Pert I of item 18 . PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY , Home, form, 20t. (City or town) (County) (Stele) fectory, street, office bldg., etc.] While Not While et work | al work 21. I certify that I look charge of the remains described above, held an Autopsy 📆. Inspection 📆. Inquiry T. and in my opinion Natural causes K A Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MED CAL EXAM NER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER XX October 19, 1966 please exe 4 should b CO MUNE Health or EXAMINER'S Address (Street, city town, or cCumberland, Maryland M.D. NAME (Typa) 228. BURIAL, CREMATION, 7 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 10/23/1966 View Cwmetery MOSCOW MD REC'D BY REGISTRAR | 286. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR ATSME 5M 1/62 Lonaconing, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13515 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remaye carbon papers. Pages 1 and in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Allegany West Virginia MARYLANO Mineral b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Cumberland c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Ridgeley d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS R IS RESIDENC ON A FARM? Sacred Heart Hospital Barncord YES NO IX NAME OF Middle 4 DATE First Doy Year DECEASED OF DEATH Hugh Earnest Nester 2 Oct. Type or print 19 IF LINDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED - gst birthdoy) Months Doys Hours MALE WHITE Sept. 19,1092 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Parsons West Virginia Maintenance Work Railroag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Nester (Deceased) Joretta Loughain Nester (deceased) remo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Irs. Ada Nester Address 16 Barncord St. (Yes, no, or unknown) (If yes give wor or dates of service) 능 Patients chart 705-10-6100 Ridgeley, J. No INTERVAL RETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) signed by the burial-transit \$ PART I DEATH WAS CAUSED BY: ONSET AND OEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), **OUE TO** stoting the underlying couse has been lost 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Lenak Luce, NO X O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. foctory, street, office bldg .etc.) Not While of work ot work 1964 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 6 and that death accurred at 7 P. M, fram causes and on the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. directar, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) N° Center St., Cumberland Leo H. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote REMOVAL (Specify) 250. REC'D BY REGISTRAR 256. REGISTRAP'S SIGNATURE 10/5/66 Ashbu Cometeru Burial 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Waune George Cumberland





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13517 The law requires that the death certificate be executed within 24 hours after death Residence before admission) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY o. STATE **b** COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND the hours off b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the ottendary strian and completely filled in by the issit permit. Then please remove carbon papers. Page: write RURAL and a ve nearest town) 20 DAYS FROSTBURG, MD. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADORESS e IS RESIDENC ON A FARM NO.XIX MINERS HOSPITAL YES event, within NAME OF Middle 4. DATE OF Lost Doy Year DECEASED OCT. MARGARET S. PRICE 6th. 66 DEATH 19 (Type or print) S SEX AGE (In years IF UNDER I YEAR IF UNDER 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost o rthdoy) Months Days Hours ond in any FEB. 7th. 1898 FEMALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEWIFE COUNTRY? USA WEST VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova LOUISE ROBERTS EDWARD SHANNON 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) NONE ANNAN ERICE, RFD 2, Box 95, FROSTBURG, MD crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause Poge 4 moy be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been d for use os the of Heolth prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🖂 YES 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, (Stote) 20d INJURY OCCURRED (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 19 of work should be 66/210 0 C 21. I certify that (I) (this haspital) attended the deceased from Some 19 that (I) (we) last Cloand that death accurred at saw the deceased alive an oct 19 M. fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING 囡 6 director, poge 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN B. DAVIS. 2 BROADWAY, FROSTBURG, MD. 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) BURIAL (Specify) MD. ECKHART. 10-9-66 ECKHART CEMETERY 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VIII A15 (4) (3 FROSTBURG. MD. JOSEPH R. DURST, SR. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13518 CERTIFICATE OF DEATH and completely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event, within 72 haurs after death law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE ALLEGARY MARYLAND ALLEGAMY b. CITY OR TOWN (1 outside carporate limits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 3 Weeks Rt #2 FLIMISTONE WRERIA"D e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS YES IN NO SACRED HEART HOSPITAT 3. NAME OF Middle 4. DATE First Lost Manth Day Year DECEASED 0F CHARLES FOWARD (Type or print) DEATH OCTORER AGE (In years lost birthday) IF UNDER | YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE R. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Dovs Haurs MATE HILLIM WIDOWED 3 DIVORCED 3-20-81 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Retired Dairyman W.VA. II S A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remay MARTIN RAINES CYNTHIA JAME HEDRICK WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) 5 220-48-0041 NoPT'S CHAR INTERVAL BETWEEN 1B. CAUSE OF DEATH (Finter any one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: transit ONSET AND DEATH IMMEDIATE CAUSE (a) ģ 4200 DUE TO signed t burial Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause attending as the O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO NO ţ 205. DESCRIBE HOW INJURY OFCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF (NJURY Manth, Day, Year 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, office bldg., etc.) at wark at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. 20. 1966 that (1) (we) last 19 6 6 to Page 4 may be retained 1966 and that deoth occurred at 6:12 PM, fram causes and on the date stated above. saw the deceased olive on_ 22b. DATE SIGNED 22o SIGNATURE M.D. DIRECTOR PHYS. director, page 3 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) 23a BURIAL, CREMATION REMOVAL (Specify) Pleasant Grove Cemetery 10/23/66 Cumberland Allegany Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 25 1966 Ruth E. Silcox Cumberland Maryland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FON STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o STATE b COUNTY Allegany Allegany MARYLAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)

CUMD CALCARA, CLENGTH OF STAY (N. 1b. c CITY OR TOWN (If autside carparate limits, write RURAL and a ve negrest town) 2, and P Cumberland. 2 wis. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ate Deg haurs Office along with farm genal in Item 18. Give Pages 1, 901 Lafayette Ave. Memorial Hosp. YES NO IX This certificate shauld be executed within 24 hours ofter death with the Sta within 72 h 3. NAME OF M.ddle DATE Month Doy DECEASED Paul Raumond Ridgely October (Type or print) DEATH 19 66 C SEX AGE (a years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF BIRTH lost burthdoy) Dovs white. WIDOWED DIVORCED Jan. 5. 1927 100 USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State ur foreign country) during most of working life even if retired)
Trucking Proprietor COUNTRY? INDUSTRY Ridgeley W. Va. Trucking Business farwarded to the Chief Medical Examiner's 13 FATHER'S NAME Walter Ridgely Ida House 16 SOCIAL SECURITY NO 17 INFORMANT Md. ar remayal. (Yes, no, or unknown) (If yes give wor or dates of service)) 213-22-2657 Vrs. Ida H. Ridgely 901 Lakayette NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I DEATH WAS CAUSED BY-Thrombosis Coronary IMMEDIATE CAUSE (e) writing the word burial, crematian, DHE TO Sclerosis Conditions, if only, which gove Coronary nse to immediate couse (a). DUE TO storing the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO agent, prior ta 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH. 20e PLACE OF INJURY (Home, form, (City or town) ((ounty) (Stote) 20c. TIME OF IN JRY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg , etc.) Not While may be retained far your FUNERAL DIRECTOR: Page of work Inspection X Inquiry X 21. I certify that I tack charge of the remains described above, held an Autopsy [X] and in my apinian Natural causes X Accident Suicide . death resulted fram Hamicide Undetermined manner 10/21/66 CHIEF MED CAS EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 1 TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** Cumberland, Md. Benedict Skitarelic. M. D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d EDCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. Cumberland. Allegany 10/23/66 Rose Hill Cenetery 256 REGISTRARS S GNATURE 25o, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1966 VR A15ME (5) H. Jayne George Cumberland, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13520 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY **EGANY** ALLEGANY MARYLAND physician and completely filled in by the factor of some source corbon papers. Pages b CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
CUMBERLAND ease remove corbon popers. Pag and in any event, within 72 hours CUMBERLAND HR. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS BOX 201. CUMB.MD. MEMORIAL HOSPITAL NAME OF Middle First 4. DATE DECEASED OCTOBER 6, ROBINETTE 196619 CARL DEATH (Type or print) B. DATE OF BIRTH 1 010 AGE (In years 5 SEKNAL E 6 COLOR OR RACE NEVER MARRIED 7. MARRIED last birthdoy) 12-19-1910 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10a USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working are even if retired) e CUMBERLAND. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UPTON. ROBINETTE Anna Dowling 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I DEATH WAS CAUSED BY.
Pull mornany E buriol-transit ONSET AND DEATH Pulmonary Embolus IMMEDIATE CAUSE (o) DUE TO (3) l yr. Auricular Fibrillation Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the hospital or attending **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to I (?) () Right Bundle Branch Block last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? Coronary Insufficiency, Myocardial Fibrosis NO PS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, office bldg, etc.) ot work at work 21. I certify that (I) (this haspital) attended the deceased fram Aug. 20, 1964, to Oct. 6, 1966, that (I) (we) last saw the deceased alive an Oct. 6, 1966, and that death accurred at P. M., fram causes and an the date stated above. 22b DATE SIGNED 22g SIGNATURE ATTENDING MED DIRECTOR 5 Oct. 7. 1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN" PERSHING ST. DR. SAMUEL NAME (Type) 23a. BURIAL, CREMATION, TREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) Hillcrost Burial Cumberland, Md. Allegan; 25b. REGISTRAR'S SIGNATURE Scarpelli, Cumber ADDRESS 2Sq REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1866

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13521 ongra be executed within 24 haurs after death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) o COUNTY o STATE ALLEGANY b COUNTY Mineral remove carbon papers. Poges 1 MARYLAND b CITY OR TOWN (If autside corparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and DWE PERE ERLAND KEYSER d. NAME OF HOSPITAL OR IS RESIDENCE ON A FARM? d. STREET ADDRESS ORCHARD ST. NO P 3 NAME OF Middle 4. DATE Lost Doy DECEASED STELLA ROBY 8 40 (Type or print) DEATH DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9-25-90 toy) Months Hours FEMALE WHITE 76 WIDOWFD DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10p. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) Rotired House Wife signed by the ottending physicion burial-tronsit permit. Then please VA. Petersburg 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or remayal, **ABRAHAM** IMAN Clora STUMP 16 SOCIAL SECURITY NO. 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, navor unknown) (If yes give way or dotes of service 234-70-1287 MEMORIAL HOSPITAL. CUMBERLAND. MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse os the Page 4 moy be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 for use with the State Dept. of Health YES 📑 NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg , etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram 9-10-66, 19 ta 10-18-, 19 66 that (1) (we) last say the deceased glive ap 10-18- 19 66 and that death accurred at 8:38M, from Vouses and an the date stated above . 19_66that (I) (we) last 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF **ATTENDING** 10-19-66 director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S E_R_PAUL GREENE NAME (Type) 36 ST.CUMBERLAND.MD. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BENOVAL (Spacify) 10-22-66 Queens Point Cem. Keyser.W.Va.Mineral 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Munican VR A15 (4) 20 M 1/66 Keyser, W. Va.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 13522 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a STATE b. COUNTY and 3 ta M3. Page of o ALLEGANY MARYLAND death. MARYLAND ALLEGANY b CITY OR TOWN (If auts de corporate limits write RURAL and give nearest tawn) c CITY OR TOWN (If guts de carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 . P.M3. CUMBERLAND LIFE CUMBERLAND d. STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspita, give street address) haurs DOA MEMORIAL HOSPITAL 815 ELMWOOD LANE YES NO XX G've Pages ote NAME OF 4 DATE with the St within 72 DECEASED OF DEATH WILLIAM OCT. ROEDER (Type or print) 19 66 F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours OCT. 1.1879 MALE WHITE WIDOWED D VORCED Item | 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done TOP K ND OF BUSINESS OR during most of working life, even firetired)
BUS INESS **NDUSTRY** COUNTRY? SELF EMPLOYED .⊆ Chief Medical Examiner's MARYLAND USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed with. CHRISTIAN ROEDER 프 KATHERINE SCHILLTZ pup 16 SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes na, ar unknawn) ((If yes give war ar dates of service) remayal. 215 16 4429 MRS. ANNA ROEDER CUMBERLAND, MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) } burial-transit SPHET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION 5 IMMEDIATE CAUSE (a) crematian, This certificate shauld **DUE TO** Conditions if any, which gave CORONARY SCLEROSIS (b) rise to immediate cause (a), DUE TO stoting the underlying couse О last. burial 19 WAS AUTOPS: PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X agent, priar ta 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, off.ce bldg., etc.) Haur o.m. may be retained for your FUNERAL DIRECTOR: Page of wark of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x. Inquiry 3 and in my apinton Noteral causes X, Accident Undetermined manner death resulted fram: Suicide [] Hamicide | funeral directar CHIEF MEDICAL EXAMINER Ritarelle 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 10/24/66 pe_ DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** BENEDICT SKITARELIC, M.D. RT. 9. CUMBERCANDOWAMDOUNTY) NAME (Type) 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a BUR AL, (REMATION, (County) 90 REMOVAL (Specify) ST. LUKES CEMETERY CUMBERLAND. MD. BITETAT 24. FUNERAL DIRECTOR
BYRON **ADDRESS** 2Sa. REC'D BY REGISTRAR KIGHT CUMBERLAND, MD. VR A15ME (5) 1 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13523 CERTIFICATE OF DEATH he law requires that the death certificate be executed within 24 hours after death. the attending physician and campletely filled in by the funeral sit permit. Then please temove carban papers. Pages 1 and 2 sit permit. Then please temove carban within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY o. STATE ALLEGANY MARYLAND c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b 7 DAYS ROUTE 1. FROSTBURG. d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARMS MINERS HOSPITAL NO T YES NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED P. SAGAL BARBARA OCTOBER 19 66 27th. DEATH (Type or print) AGE (in years IF UNDER 24 HRS. B. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) 84 Yrs Months Dovs Hours FEMALE WHITE WIDOWED XX DIVORCED JULY 6TH. 1882 12. CITIZEN OF WHAT 10o USGAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) ai pu COUNTRY? NOUSEWORK during most of working te, even if retired)
HOUSEWIFE HUNGARY TISA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME PAUL PASTOR ELIZABETH BALLA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 213-09-6515 MRS. SUSAN ULTIS. INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY. burial-transit IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO Conditions if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse far use as the l f Health priar ta k this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YFS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY-OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While Hour o.m. 19 ot work Page 4 may be retained by the TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from Och 15_ 1966 to Z619 66 that (1) twel-last 19 (60, and that death accurred at 4.30AM, from causes and an the date stated above saw the deceased alive an, 22o. SIGNATURE 22b DATE SIGNED PHYS. M.D. DIRECTOR directar, page 3 should be filed v ADDRESS 22c. PHYSICIAN'S NAMF (Type) JOHN B. DAVIS. 2 BROADWAY. FROSTBURG. MD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, (County) BREMOVAL (Specify) F'BG. MEMORIAL PARK 10-29-66 FROSTBURG. 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR JOSEPH R. DURST. SR., FROSTBURG, MD.



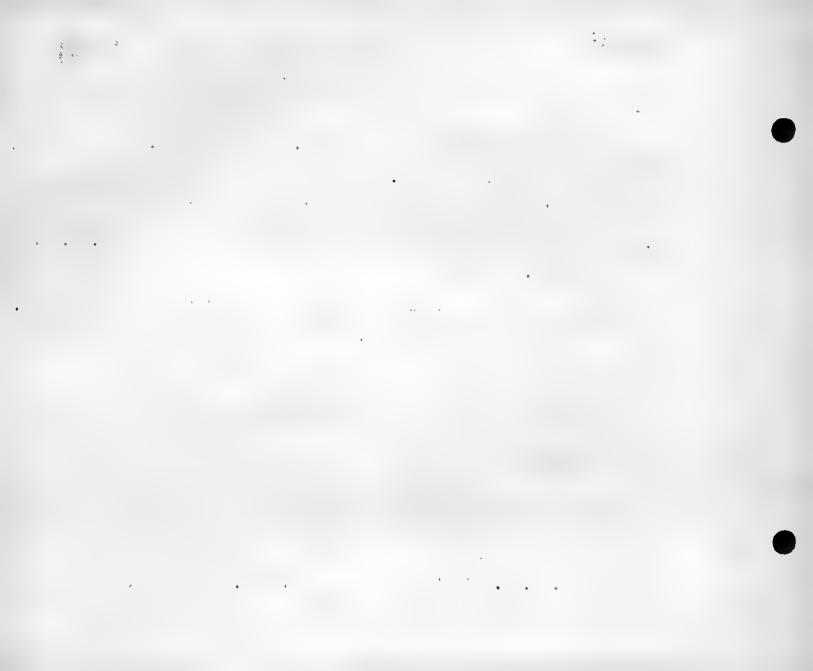
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13524 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Allegany o. STATE Maryland **b** COUNTY Allegany MARYLAND ván papers. Pages 1 within 72 hours after **CLENGTH OF STAY IN 16** b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) write_RURAL_ond_give_neorest_town) 9/10/66 Westernport Cumberland e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 235 Maryland Ave. Allegany County Infirmary NO Z 3 NAME OF Middle 4. DATE First Lost Month Doy Yеат DECEASED R. Samuels October 66 Susan (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** R 8 1st birthday) 9/11/1885 Months Days Hours White Female WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if refired)
HOUSEWITE INDUSTRY U. S. Hedgesville. W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Miles Riggleman Angie Rohrbaugh 17, INFORMANT P .O . BOX 599. Address Cumberland. Md. 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, new unknown) (If yes give war ar dates af service) Allegany County Infirmary records. IB. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditians, if any, which gave rise to immediate couse (a). stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: THE TURN TO Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been to FUNERAL DIRECTOR: After this certific of the set the the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES for 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Not While at wark 10/17/ . 19 66 that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased from , ta___ saw the deceased alive an A. M. fram causes and an the date stated above. and that death occurred at-MED. DIRECTOR 22a, SIGWATURE 22b. DATE SIGNED ATTENDING 10/18/1966 X M.D. PHYS PHYS. director, page should be filed 22c. PHYSICIAN 22d ADDRESS В. Mathews, M. D. Greene St.. Cumberland, Md. NAME (Type) Lee 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Burial (Specify) Md. Philos 10/20/66 Westernport 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Westernport, Md. VR A15 (4) 20 M 1/66 1966 Charles



INA I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
(IVI)	13525 CERTIFICATI	E OF DEATH	13523
death uneral and r	1 PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institut of a STATE MARYLAND b COUNT	n Residence before odmission) Y ALLE GANY
ors after death yy the funeral Pages 1 and ours after death	b. CITY OR TOWN (Issue corporate limits, write RURAL and give negrest town) CUMBERLAND MARYLAND 6. LENGTH OF STAY IN 1b 4DAYS	CUMBERLAND	
e executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death	d NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address) MEMORIAL HOSPITAL	d. STREET ADDRESS RT. 3, BEDFORD RD.	e is residence On a farm? Yes NO
within 24 felby filled ban pape	NAME OF First Middle DECEASED (Type or print) NICHORITAL HOSPITAL Middle R.	SEIBERT OF OCTOBE	Doy Year
executed withing and campletely fremave carban any event, with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 4-11-95 9. AGE (n years years) 7 of birthdoy) 7 yes	Months Doys Hours Min
an and ise rem	100 USUAL OCCUPATION (Give kind of work done during most of working de, even if retired) 100 USUAL OCCUPATION (Give kind of work done lind strength lind)	11 BIRTHPLACE (County & State, or foreign country) MARYLAND	12 CITIZEN OF WHAT
physician en please aval, and	RETIRED GRINER STEEL CO. 13 FATHER'S NAME WILLIAM R. SEIBERT	14. MOTHER'S MAIDEN NAME MAGGIE ORNDOFF	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Finer only one couse per Machy (o) (b) and (f) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			
equires that the physician. signed by the burial-transit burial, cremat	18. CAUSE OF DEATH (Enter only one couse per Mind or (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost. (c)		
Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept af Health priar ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES NO
ssprtal (serifical)	YES [Contributing Cause of death Cause of death		
IG PHY the hor tribis detact	Hour om. p.m. 19 While Not While of work of work	ACE OF INJURY (Home, form, ctory, street office bldg, etc.)	(Store)
TENDIN ined by OR: Afre ould be the Sto	21. I certify that (I) (this haspital) attended the deceased from sew the deceased olive an, and th	at death accurred at 6:50 M. Ham couses of	(4) 19_1, that (I) (we) last and an the date stated above.
OR ATTENDING PHYSICIAL be retained by the hospital SIRECTOR: After this certifica e 3 shauld be detached fai ed with the State Dept af He	I BULL UNLITERS	AD ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12/2 7/4-6-
PITAL f may lERAL C or, pag d be ful	NAME (Type) DR. R. J. WILLIAMS	122 S. CENTRE ST	
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be file	230 BURIAL (REMATION, REMOVAL (Specify) BURIAL OCT 31, 1966 STINSET MEMO	BTAL PARK CHMBERLAND	
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ADDRESS BYRON KIGHT CUMBERLAND, MD.	MINUTY: 40CC	Climber Judge

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RVIALIR CTATE REBARTMENT OF UPAITU



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13526 HEALTH DEPL PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission) z, and 3 ta PM3 Page o. COUNTY o. STATE Allegany b. COUNTY Allegany MARY AND b CTY OR TOWN (If outside corporate mits. c LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate in its write RURA, and give nearest town) write R_RAL and give nearest town)
Cumberland Departm offer Cumberland vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 9 IS RESIDENCE ON A FARM? rate Der haurs D. O. A. Memorial Hospital Give Pages Wempe Drive NO XX affer death 3. NAME OF Middle 4. DATE Doy Year DECEASED within Norene Amanda Sellers Oct. (Type or print) 6 19 66 DEATH S SEX 6 COLOR OR RACE 9 AGE (n years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Dovs Hours White Female August 23.1893 WIDOWED D-VORCED. haurs event Oo. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Own Fome Cumberland . Md . 24 gny USA pages rd "pending" in pencil i Chief Medical Examiner pencil MEDICAL EXAMINER: This certificate shauld be executed within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ⊑ William H. Rice Cora J. Golden File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Husband ansit permit ar remaval, (Yes, no, or unknown) (fiyes a ve war or dates of service Mr. Homer N. Sellers, Cumberland, Ad. 18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN PASET AND DEATH OCCLUSION CORCNARY IMMEDIATE CAUSE (o) ward crematian, DUE TO COROMARY SCLEROSIS Conditions, if any, which gove le certificate, writing the shauld be forwarded to t rise to immediate couse (a), DUE TO stoting the underlying couse 0 S burial, (nsed (PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? please execute the certificate, NO 200 EXTERNAL CAUSE WAS agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of tem 18) shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF HURY Month, Boy, Yeor 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stofe) Hour om foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection A. Inquiry X. and in my opinian death resulted fram: Natural causes K. Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER Oct.6,1966 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE > TO DEPUTY DEPUTY MEDICAL EXAMINER 5 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt. 9 Cumberland 5 may 70 FUNE Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DAYE THEREOF BURIAL, CREMATION. 23d ¿OCATION (City or Town) (County) REMOVAL (Specify) Oct.8,1966 Greenmount Cometery Cumberland, Md.-Allegany Burial 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR VR A15ME (5) James F. Scarpelli. Cumberland. Md. Melante 1966 6M 1766



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13527 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. STATE Maryland b. COUNTY Allegany physician and completely filled in by the funeral persplease remaye carban papers. Pages 1 and over and in any event, within 72 hours after degit PLACE OF DEATH Allegany Maryland o. COUNTY MARYLAND c LENGTH OF STAY IN 16 c CLTY OR TOWN (If outside corparate limits, write RURAL and a ve nearest town) b. CITY OR TOWN (If outside corporate limits, Gumber Land 8/11/1960 Cumberland d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM Allegany County Infirmary 117 Mary Street YES NO TY 3 NAME OF 4 DATE Month Shank Doy Year DECEASED
(Type or point) Willio Paige 19 66 October DEATH S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Days Hours 山/11/1898 Female White TGo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Greenspring. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Raymond Wilson Effie Bennington 17. INFORMANTP.O.Box 599, Cumberland, Md. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 273-22-43467 Allegany County Infirmary records. acqueer JAJERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY burial-transit Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES fo 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While ot work at work to 10/27/66, 19 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 10/26/66 19, and the and that death occurred at A. M. fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS 10/27/1966 X DIRECTOR M.D. directar, page 3 shauld be filed a PHYS 22c. PHYSICIAN'S 22d Greene St. Cumberland, Md. Lee B. Mathews, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) - REMOVAL (Specify) Oct. 30, 1066 Cemetery Oprin field, V. Va. 25b. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Ma. 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR liances VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH pbysician and campletely filled in by the funeral en please remave carbon papers. Pages 1 and 2 over and in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) PLACE OF DEATH o. STATE a. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND b CITY OR TOWN (f autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) "Rural" Barton "Rural" Barton d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO X 3. NAME OF First Middle Last 4. DATE Manth Year Day DECEASED 19 66 Elizabeth Shaw DEATH October (Type or print) 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR#D B. DATE OF BIRTH last birthday) Manths Davs Hours July 14.1899 WIDOWED DIVORCED Female White 12 CIT ZEN OF WHAT COUNTRY? 10a USUAL OCCUPAT ON (Give kind af wark dane during mast af warking lite, eyen if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY House Work Own Home Barton, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Gowans Jean Lees signed by the attending burial-transit permit. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service Walter Shaw Moscow. Maryland "Husband" CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), **DUF TO** stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 🗌 20g ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year (City or town) Haur a.m. factory, street, affice bldg , etc.) Nat While at wark at wark 1960 ta . 1965 that (1) (we) last 21. I certify that (1) (this haspital) rattended the deceased fram. 19 (a (and that death accurred at 3.30 M, fram causes and an the date stated above. saw the deceased alive an Oc 22b. DATE SIGNED 22a SIGNATUR **ATTENDING** 0.6.66 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S ONACONING MD NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF (County) (State) 7/66 Laurel Hill Cemetery Moscow. Md 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE OC 1966 George Eichhorn Lonaconing, Md. 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13529 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) O. STATE MARYLAND ALLEGANY b. COUNTY ALLEGANY MARYLAND b. City OR TOWN (If autside carparate limits, write RUSA) and and accordance town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) DAYS 14 CUMBERLAND d. STREET ADDRESS ROSEWOOD AVE., the attending physician and completely filled in sit permit. Then place remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM MEMORIAL HOSPITAL YES 🗔 NO Year 66 lease remave carban 3. NAME OF First Middle Last 4. DATE OCT. OF DECEASED CLARENCE SHINHOLT C (Type or print) DEATH AGE (In years IF LINDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH DEC. 8,1908 Inst. birthday) Days Hours MALE WHITE X WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, aven if retired) Railroad CUMBERLAND. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Ella Groves LEWIS SHINHOLT 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service 705-05-4764 HOSPITA. CUMBERLAND. MEMORIAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO D 01, U signed Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause as the has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar far 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter feture of injury in Part Jan Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) at wark . that (1) Xwe) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 con and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 10 22b. DATE SIGNED 22g SIGNATURE MED. DIRECTOR STAFF PHYS director, page 3 should be filed v M.D 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) CUMBERLAND MD G. OVERTON HIMMEL 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Unt. 72,7066 Surant Hemoria? Cumberland, Md. Allemany 25b REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarnelli, Cumberland, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 13530 c× be executed within 24 haurs after death and USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) PLACE OF DEATH a COUNTY o. STATE Maryland b. COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 965 Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENC d STREET ADDRESS ON A FARM filled i Allegany County Infirmary 305 Grand Avenue YES NO TY 3. NAME OF Middle 4. DATE First Lost Month Day Year carban DECEASED Flora Estella Smith October (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (in years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Davs Hours Female White WIDOWFO DIVORCED BIRTHP ACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR 100 LSUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired)
HOUSOWITE INDUSTRY requires that the death certificate West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Hofe Charles Wesley Farris Addres umberland. Md. 17 INFORMANT P.O. BOX 599 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates af service Allegany County Infirmary records. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c) PART! DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 3 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO To YES 🔲 **DIRECTOR:** After this certificate ğ 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc) Hour o.m. Nat While at wark 21. I certify that (I) (this haspital) attended the deceased from 4/1/1965 saw the deceased glive an 10/1/1966 19 ____, and that death accurre to 10/2/66, 19 that (1) (we) last P . M, fram causes and on the date stated above. and that death accurred at. 22a SIGNATURE 225. DATE SIGNED 10/3/1966 \mathbf{X} DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S O FUNERAL B. Mathews, M. D. Greene St., Cumberland, Md. NAME (Type) directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMAT ON, TREMOVAL (Specify) 10- 5-66 Hillcroot Surial Park Cumhanland, Wid. 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR Scarpelli Cumberland."d. 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13531 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please temove carban papers. Pages 1 and burial, crematian, ar remayal, and a affected, within 72 haurs after deal PLACE OF DEATH a COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. (ITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

CUMBERLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 CORRIGANVILLE DAYS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MEMORIAL HOSPITAL YES NO 🔼 3 NAME OF Middle 4 DATE Year DECEASED OF DEATH SMITH Jr. OCT. 1966 HARVEY IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED Months Days Hours WHITE 10-17-1931 MALE WIDOWED DIVORCED TOO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRYS INDUSTRY MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Berthair HOSSELRODE HARVEY SMITH 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, aryaknown) (If yes give war or dates of service 220-28--9342 MEMORIAL HOSPITAL, CUMBERLAND, MU. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: 21 ONSET AND DEATH IMMEDIATE (AUSE (a) Congestive Heart Failure DUE TO Conditions, if any, which gave (b) Hypertensive and arteriosclerotic CVD vears rise to immediate cause (a), DUE TO stating the underlying cause as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been part II. Other Significant conditions contributing To Death But not related to the Terminal Disease Condition Given in Part I(o) vears WAS AUTOPSY far use PERFORMED? NO T Gastritis or ulcer with homorrhage and anemia. Uremia. 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from Octo 4th 19 ta Oct. 9th , 1966 , that (1) (we) last saw the deceased alive on Oct. 9th 1966, and that death occurred of 7:0 ARM causes and on the date stated above 22b. DATE SIGNED 22a /SIGNATURE MED DIRECTOR 10-11-66 directar, page 3 should be filed v M.D. 22d. ADDRESS 224 PHYSICIAN'S 414 N. MECHANIC ST. NAME (Type) DR. W. F. DOERNER Jr. (County RD# (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23q. BURIAL, CREMATION, 23b DATE THEREOF ry Meyersdale, Pa. Somesset Co.
250 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Bull Pay (Specify) Oct.. 12,91966 White Oaks Cemetery Marley Judge VR A15 (4) 20 M 1/66 19156 Hyndman, P.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13532 CERTIFICATE OF DEATH he law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH and campletely filled in by the funeral remove carban papers. Pages J and o. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR IDWN (if autside carparate limits, c. LENGTH DF STAY IN 16 c CITY DR TOWN (If autside agroorate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland . Rural Years Cumberland d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? Route #2 Sacred Heart Hospital YES 🗀 NO 3 NAME OF DECEASED Middle 4. DATE Last Year 19 66 18 Snider 10 G. Virginia (Type or print) DEATH AGE (in years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED DOX NEVER MARRIED Months Haurs 9/28/00 W DIVORCED WIDOWFD 10a USUAL OCCUPATION (Give kind of work done JOB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) Sease during most of working life, even if ret red) COUNTRY? INDUSTRY USA Maryland retited 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 下の音楽を表を含めてIda Bell Middleton Aman Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war ar dates at service) 17. INFORMANT Address Md 16 SOCIAL SECURITY NO. patient's chartLerov Snider RD2. Cumberland No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause this certificate has been the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram / 19/3 and that death occurred at M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE lirectar, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Cumberland, Md. Greene St .. NAME (Type) B M. Schindler 23b DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BURIAL CREMATION. REMOVAL (Specify) Near Cumberland, Allegany Md. Oct. 21. 1966 Mt. Herman Cemetery 25b. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 230 Balto Ave. Cumberland, Md DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13537 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY b. COUNTY and 3 to M3. Page ALLEGANY ŧ ALLEGANY after death. MARYLAND delay Department b CITY OR TOWN (If outside corporate limits, r JENGTH OF STAY IN 15 c CITY OR TOWN (If outside carporate limits, write RdRAL and give nearest town) P.M.3. F write RURAL and give nearest town) 1 DAY CUMBERLAND RURAL CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE haurs ON A FARM? Give Pages 206 DECATUR STREET ate FAIRGO NO X 24 haurs after death. Office along with 3. NAME OF Middle with the Sta withm 72 4 DATE First Lost Month Year DECFASED OF (Type or print) OCT. PETER SOTIROKOS DEATH S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 70 APPys Item 18. Months Davs Hours **№** DOWED DIVORCED event MALE WHITTE and 10a JSUAL OCCUPAT ON Give kind of work done during most of working life, even if refired)
STORE OPERATOR KIND OF BUSINESS OR 11 B.RTHPLACE (State or foreign country) 12 CT ZEN OF WHAT INDUSTRY COUNTRY? pages I In any CANDY STORE .= GREECE within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File MICHIEL SOTIROKOS PANAGIOTA BERGERAS and .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E permit (Yes, no, or unknown) (If yes give wor or dates of service) remayal. MRS. GEORGE PARSENIOS CUMBERLAND, MD. UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH cremation, ar CORONARY OCCLUSION IMMEDIATE CAUSE (o). This certificate shauld ward DUE TO Conditions, if ony, which gove te, writing the w forwarded ta th THROMBOS IS (b) rse to immediate couse (a) Duff TO stoting the underlying couse В QS O lost. burial, CORONARY SCLEROSIS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) A AS AUTOPS CERTIFICATION PERFORMED? please execute the certificate. 0 YES X NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Part 1 of Item 1B.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH WEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 70e PLACE OF INJURY (Home, form, 20f (C ty or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy (xx), Inspection (73), Inquiry X and in my opinion Suicide death resulted from: Natural causes 7. Accident | Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE November 1, 1966 O DEPUTY G DEPUTY MEDICAL EXAMINER EXAMINER'S Saldress (Street, city, town, or CUINBERLAND, MD. NAME (Type) BENEDICT SKITARELIC, M.D. 5 may 10 FUNE Health RT. 230 BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify)
BURIAL NOV. 3.1966 ZION MEMORIAL PARK CUMBERLAND 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25o. REC D BY REGISTRAR Charles VR ATSME IST BYRON KIGHT CUMBERLAND, MD. 1966 NOV 7 6M 1/66

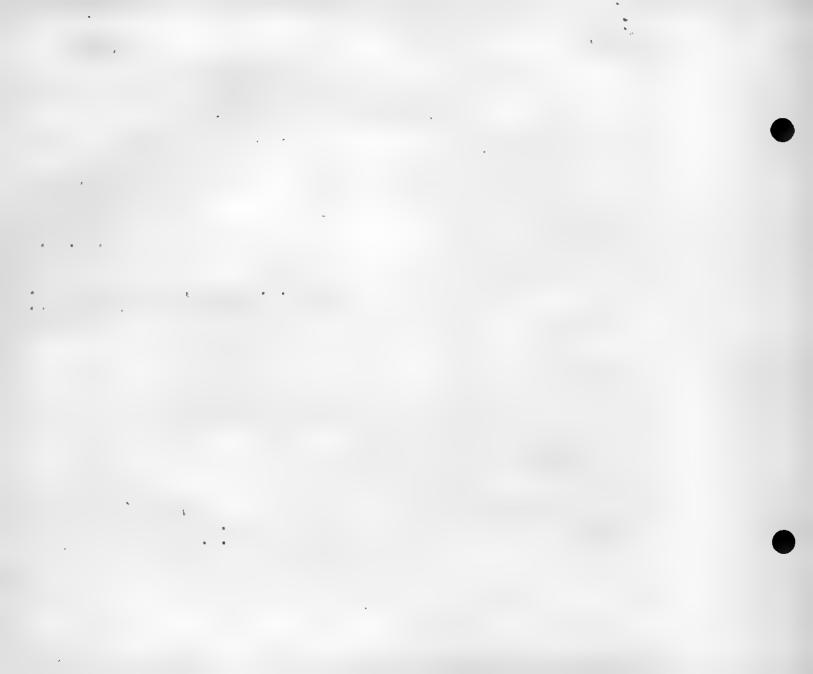


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PHACE-DE-DENTH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 2, and 3 to PM3. Poge a. COUNTY o STATE b. COUNTY 40 ofter deoth. ALLEGANY MARY, AND MARYTAND
C CTY OR TOWN (If autside carparate mits write RURAL and give rearest tawn) b CITY OR TOWN (if outside carparate imits c LENGTH OF STAY IN 1b write RLRAL and a ve nearest tawn) RAWLINGS CHMBERTAND d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE form hours ON A FARM? RD# 3 BOX 56 YES 🔲 NO SACRED HEART HOSPITAL after death along with 3 NAME OF Middle First 4 DATE _ast Day Year within 72 DECEASED OF (Type or print) JOHN DEATH OCTOBER with S SEX 9. AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH IF ... NDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Davs Haurs hours WIDOWED DIVORCED event MATE 1-23-99 WHITE fem 10a USLAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most af working te, even if refired) .NDUSTRY COUNTRY ? Ξ Textile Textile **Examiners** W Va 14 MDTHER S MA DEN NAME pencil 13. FATHER'S NAME John W. Stages Ide Dewson .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, na, or unknown) [If yes give war ar dates of service] cremation, or removal, 214 07 1631 No PT'S CHART 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CORONARY THROMBOSIS IMMEDIATE (AUSE (a) certificate should the word 420 DUE TO Conditions, flany, which gove CORONARY SCLEROSIS rise to immediate cause (a), DUE TO stating the underlying couse used os burial, lost. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION its designoted agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY DCCURRED (Enter nature of hijury in Part I or Part II of term 18) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20c TIME OF N.JRY Month, Day, Year 20e PLACE OF NJURY (Hame, farm (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described obove, held an Autopsy 🕱, Inquiry 😿 Inspection 📆, and in my opin an deoth resulted from: Suicide Natural causes ... Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER October 8, 1966 **EXAMINER'S** 5 may 70 FUNE Health Benedict Skitarelic. M.D. Address (Street, city, town, or countfumberland, Md. NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Md. Llegeny Co. 12 Oct 1966 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR, VR A15ME (5) 1966 otruck-Chambers Keyser, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film 13535 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death I in by the funeral vers. Pages I and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY o STATE Maryland Allegany b. COUNTY Allegany vithin 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 8/15/1966 Cumberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS completely fulled in ON A FARM? 711 Gephart Drive Allegany County Infirmary NO X 3 NAME OF DECEASED (Type or print) First 4 DATE Day Stall 66 October Catherine Theresa 19 S SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Female White Days Hours /1882 10a JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if serired) COUNTRY? signed by the attending physician burial-transit permit. Then please Hazelton.Pennsylvania 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward McGrady Mary Carr 17. INFORMANT P.O. Box 599, Cumberland, Md. WAS DECEASED EVER IN J S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war ar dates af service) Allegany County Infirmary records. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO Page 4 may be retained by the haspital or 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CIT CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) 00, 19___, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from shauld saw the deceased alive an 10/18 166 A. M. fram causes and an the date stated above. and that death accurred at... 22a SIGNATURE 22b. DATE SIGNED STAFF M D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) director, shauld 230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR **ADDRESS** VR A15 (4) 20 M 1/66



within 24 hours after 18. Give Pages 1, 2, the form PM3. Page 5 should be FUNERAL

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased living if institution, Residence before ad hisson, e. COUNTY **b.** COUNTY MARYLAND Maryland b. CITY OR TOWN (Foursid corpor & smile c LENGTH OF STAY IN 16 . c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street didress d. STREET ADDRESS Lemorial Hospital Lincoln Street 3. NAME OF 4. DATE DECEASED (Type or print) DEATH George Preston Sullivan October 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED I B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | WIDOWED January 10a. USJAL OCCUPATION Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE State or fore gn country 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Accountant- WM Railroad Danville, Virginia 13. FATHER'S NAME James Sullivan Hallie Preston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 637 Lincoln Street (Yas, no, or unkown) | (Ifyesquawar or dates of service) No Cumberland, Md Earl R. Sullivan B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Hemorrhage Cerebral IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Vascular Disease Conditions, if any, which " gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INLURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, farm, 20f. (City or lown) (County) factory, street, office bidg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection TX Inquiry (X) death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE X October 17. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street city, town, or county) Cumberland, Maryland please 4 shoul O FUN Health 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Trinity Lutheran Cemetery Cumberland Allegany Maryland Burial 23. FUNERAL DIRECTOR 24a REC D BY REG STRAR | 24b REG STRAR'S SIGNATURE

Ruth E. Silcox Cumberland Maryland 21502

I DATE

Allegany

U.S.A.

ONSET AND DEATH

PERFORMED?

(State)

and in my opinion

DATE SIGNED

e. IS RESIDENCE ON A FARM?

YES NOTE

VR A15ME 5M 1/611



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND and & doath. CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Allegany a. STATE Maryland b. COUNTY has been signed by the attending physician and completely filled in by the fast the burial-transit permit, then please remove carbon papers. Pages I prior to burial, cremation, or removal, and in any event, within 72 hours after Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 61 yrs. Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wood St. Ext. Wood St. Ext. YES | ND 34 law requires that the death certificate be executed within 3. NAME DE First Middie DATE Last 4. Month Oay Year DECEASED Harley OF DEATH Sylvester Tasker (Type or print) 1966 Oct. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED birthday) Months Male White Days Hours Dec. 31.1883 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Farm W. Va. USÃ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Tasker Susan "Tasker" 15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or plates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Mrs. Robert Miller Westernport. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating underlying cause last has (c) CERTIFICATION PART II. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? After this certificate had be detached for use state Dept. of Health to for use Health p YES NO 😿 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) After this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by p.m. at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21/I cartify that (I) (this hospital) attended the deceased from. to/0.19 196, that (1) (we) last 19 19 66 and that death occurred at 18 69M. from the causes and on the date stated above. saw the deceased alive on / O 22a. ISIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. TO HOST Page 4 may t M.O. DIRECTOR _ PHYSICIAN'S Abhfield 22d. Robert Bess Jr. NAME (Type) St., Piedmont. W. Va. 23a BURJAL CREMATION, BURTMONAL (Specify) Oct. 16, 1966 Philos Cemetery or crematory 23d. LOCATION (City, town or county) (State) Westernport, Md. ADORESS FUNERAL OIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Westernport, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Db. COUNTY after after MARYLAND by the Pages c. LENGTH OF STAY IN 1b rite RURAL and vive nearest town) ve carbon papers. Pag event, within 72 hours 24 hours ,⊑ filled in hospital, give street address) e. IS RESIDENCE ON A FARM? NO 🗷 completely ve carbon p NAME DE Middle Last DATE Day DECEASED OF DEATH 1966 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min NEVER MARRIED and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) (County & State or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT cian during most of working life, even if retired) and removal. MOTHER'S MAIDEN NAME attending t 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) INFORMANT M. SOCIAL SECURITY NO. 17. Address After this certificate has been signed by the atten i be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or i CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH 3 WEEKS PART I. DEATH WAS CAUSED BY: Left ventricular failure Arteriosclerotic and hypertensive CVD vears Conditions. If any, which gave rise to immediate **DUE TO** cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Uremia NO PA YES I 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work at work 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the 19 66, and that death occurred at la M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 10-26-66 TO HOSPITAL (Page 4 may 1 PHYSICIAN'S 22d. **ADDRESS** Greene St. 62 Cumberland. Md. 21502 Ralph Ballin. BURIAL, CREMATION, CEMETERY OR CREMATORY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY-REGISTRAR 25b. VR A15 (4) 15M 4-64



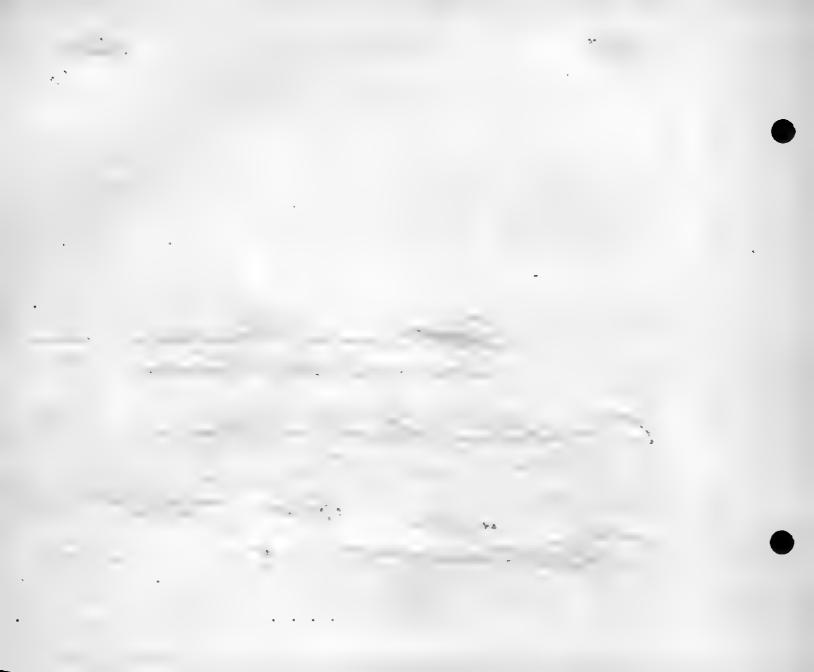
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death the ottending physicion and completely filled in by the funerol sit permit. Then please remove carbon papers. Pages 1 and motion, or remaval, and n any event, within 72 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH DF STAY IN 16 write RURAL and give negrest town Lonaconing Lonaconing d NAME OF HDSP-TAL OR INSTITUTION (If not in haspitol, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Seldom Seen Road Seldom Seen Road NO 🔙 YES Doy 3. NAME OF First Middle Lost 4. DATE Year DECEASED Hettie Mary Timney October (Type or print) DEATH 9. AGE (In years S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 81 vrs Months Doys Hours 1/15/1885 Female White X WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPEACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working Life even if retired) INDUSTRY **COUNTRY?** Moscow, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry H. Warnick Mary Dawson 17. INFORMANT Address 1S WAS DECEASED EVER IN ... S ARMED FORCES?
(Yes, no, or unknown) (Iff yes give wor or dotes of service) 16. SOCIAL SECURITY NO Mrs. Mary Cooper Lonaconing, Md. burral, cremotion, "Daughter" INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO aftending p stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the hospital or 후 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 200, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 19 6 0 to . 1965 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 196, and that death accurred at ______DM, from causes and an the date stated above. saw the deceased alive an see 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR 10.17.66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S LONACONING MA NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 10/17/66 Laurel Hill Cemeterv Moscow Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Miarles VR A15 (4) DATE OCT 1966 George Eichhorn Lonaconing. Md. 20 M 1/66



Division	MAR' of STATISTICAL RESEARCH	YLAND STATE DEI AND RECORDS, 301			AND 21201
13540		CERTIFICATE	OF DEATH	1	3534
1. PLACE OF DEATH G. COUNTY ALLEGANY		MARYLAND	PP4YP	Where deceased lived, if institut on the b. COUN	in Residence befare admission) IY
b CITY OR TOWN (If outside co write RURAL and give negre CUMBERLAN	st tawn)	NGTH OF STAY IN 16 B DAYS	c. CITY OR TOWN (IF 99 LONA	tside carparate limits, write RURI	<i>,</i> ; , ,
	TUTION (If not in haspital, give street HOSPITAL	eet address)	d. STREET ADDRESS 22 ROC	KVILLE ST.	0 S RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First	Middle ANN	TRUL Y	4 DATE Month OF DEATH 10-2	7 Day Year 7 19 66
S SEX 6 COLOR		NEVER MARRIED 8	. DATE OF BIRTH 12-19-1	9 AGE (In years	Months Days Hours Min.
IDa USUAL OCCUPATION (Give kind during mast af warking life, even if r			LONACO	& State, or foreign country) NING, MD.	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME THOMAS E				RET SHHUYLES	
15 WAS DECEASED EVER IN U.S. AR: (Yes, na, ar unknawn) (If yes give			NEMORIAL H	OSPITAL, CU	MBERLAND, MD.
PART I DEATH WAS CAU	DIATE CAUSE (a)	aris Acla	dden.	death)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DEAT				19. WAS AUTOPSY PERFORMED? YES NO
20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	AMINER)			Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Hour o.m. p.m.	19 While at work	Nat While at wark facto	E OF INJURY (Hame, farn nry, street, affice bldg., etc.		(County) (State)
saw the deceased o) (this haspital) attended the	he deceased fram_ 19 <i>_66</i> and that	death accurred at	8:45M, Wom causes	Z, 1966, that (I) (we) to
22a. SIGNATURE	m. J. M.	teliain	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	226. DATE SIGNED 10-28-64
22c. PHYSICIAN S NAME (Type)			22d ADDRESS 22	S. CENTRE S	
23a BURIAL (REMATION) 2 REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR	4 4 4 4	NAME OF CEMETERY OF C	emeterv	23d LOCATION (City or Tow Lonaconin D BY REGISTRAR 25b REC	TODAD'S SIGNATURE
George Eich	horn Lon	aconing.		nct 3 1 1866	Mintes Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Items #2 13541 and 2 death. requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral rove carban papers. Pages 1 and y event, within 72 hours after deatl 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) o. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits CUMBERLAND DAY e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (f not in hospitol, give street oddress) d STREET ADDRESS ON A FARM MEMORIAL HOSPITAL BOX 1065 61 NO X 3. NAME OF Middle 4. DATE First DECEASED (Type or print) GEORGE WAGNER 10 19 66 DEATH IF LINDER 24 HRS 9 AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7. MARRIED X NEVER MARRIED doss birthdoy) 1-24-1902 Hours MALE WHITE WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY SALISBURY, PA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM WAGNER BARBARA JOHNSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) ME MORIAL HOSPITAL CUMBERLAND . WD. 172-18-0728 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one course line) (a) (b) ond (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUS burnal-transit Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? STEER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z O FUNERAL DIRECTOR: After this certificate Oo ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f City or town) 20c. TIME OF INJURY Month, Doy, Year Hour a m. 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) While Not While of work 21. I certify that (I) (this haspital) attended the deceased fram, and that death accurred at 10 PM from causes and on the date stated above saw the deceased alive an _____ 22b. DATE SIGNED SIGNATUR DIRECTOR M.D PHYS ST. CUMBERLAND. MD. CENTRE DR. R.J.WILLIAMS 23b. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY -23d LOCATION (City, or Jown) (County) (Stote) 23o. BURIAL, CREMATION, 10-18-66 Salvisbury Somerset Pa. 2So. REC'D BY REGISTRAR 2Sb. 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved. f. institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY after death. MARYLAND MARYLAND ALLEGANY deloy and 3 1 b. C TY OR TOWN (If autside carparate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) FLINTSTONE 24 HOURS CHMBBBRT AND d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS e IS RES DENCI hours olong with form ON A FARM? STAR ROUTE MEMORIAL HOSPITAL YES NO X 3 NAME OF Middle Last 4 DATE Manth DECEASED ûF BESSIE OC TOBER FRANCES WEIMER 第430 19 66 (Type or print) DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Days WHITE WIDOWED DIVORCED FEMALE. JULY 9, 1905 Office in frem 1 11 BIRTHPLACE (State or foreign country) 10a USJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of warking life, even if retired) COUNTRY? INDUSTRY Chief Medica! Examiner's HOUSEWIFE WEST VIRGINIA 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within JACOB W. WHITACRE EMILY ALICE SEATON puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) removol. CUMBERLAND. MEMORIAL HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. CHSEL AND DEATH 5 PERICARDITIS IMMEDIATE CAUSE (a). This certificate should s a burial-tro crematian, e, writing the word forwarded to the Ch DUE TO BRONCHOGENIC CARCINOMA Conditions, if only, which gove rise ta immediate cause (a), DUE TO stating the underlying cause used as burial, c юst. 19 WAS AUTOPSY
PERFORMED?
YES NO PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) designated agent, prior to 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge of work ol work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection XXI. Inquiry X. ond in my opinion Natural causes (Natural causes (Natura) causes Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CA, EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER A October 30. 1966 EXAMINER'S Benedict Skitarelic, M.D. 5 may 1 O FUNE Health Address (Street, city, town, or count@umberland. Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) RIMOVA (Specify)
BURIAT ALLEGANY, MD. MT. SAVAGE METHODIST CEMI MT. SAVAGE. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g, REC D BY REGISTRAR Marley Judge VR A15ME (5) 230 BALTO. AVE. CUMBERLAND. MD. DATE NOV 2



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13541 FOR STATE M 13542 HEALTH DIPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o STATE Maryland a COUNTY and 3 ta M3 Page b. COUNTY Allegany Allemany after death MARYLAND c (TY OR TOWN (flautside corparate imits write RURAL and give nearest town) b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Cumberland 52 yerrs Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e S RESIDENC haurs ON A FARMS D. O. A. Nemorial Hospital 216 Wampe Drive YES NO P Give Pages alang with NAME OF Middle 4. DATE Manth Day DECEASED Oct. 30 Weltran Geor Te Franklin (Type or print) DEATH IF LINDER 1 YEAR 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED crost birthday) Manths Davs Item 18. March 31. White Male WIDOWED DIVORCED | Office 24 hours 10p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 17 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during mast of warking, te even if retised) Contractor COMMILEA S Cumberland. Md. d 'pending'' in pencil in Chief Medical Examiner's pages in any 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed with n Florence Trout George F. Weltman File 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, np, or unknown) ((If yes give war or dates of service 16 SOCIAL SECURITY NO 17. INFORMANT remayal. Mrs. Cat' erine Weltman, Cumberland, Md. NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY COROMARY OCCLUSION crematian, ar IMMEDIATE CAUSE (a) certificate shavld the ward DUE TO THPOMRO (TS COROSTATA Conditions if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause SCTEDASTS lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) WAS AUTOPSY PERFORMED? YES K NO its designated agent, prior ta 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJRY (Hame, farm, 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d →NJURY OCCURRED (County) (State) factory, street, affice bldg , etc.) Haur a.m. may be retained far yaur FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy K), Inspection X Inquiry K 1. and in my opinion the funeral directar. P 5 may be retained fa **TO FUNERAL DIRECTOR** Health ar its designat Natural causes & Accident , Suicide , Hamicide Undetermined manner death resulted_from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER [] Oct. 30.1966 22. DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Rt.9Curberland Benedict Skitarelic . M.D. NAME (Type) Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) BUTTER (Specify) Nov. 2.1966 Sunset Mamorial Park Cumberland, Md. Allegany 256 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS Melanley VR A15ME (5) 1966 James F. Scarrelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

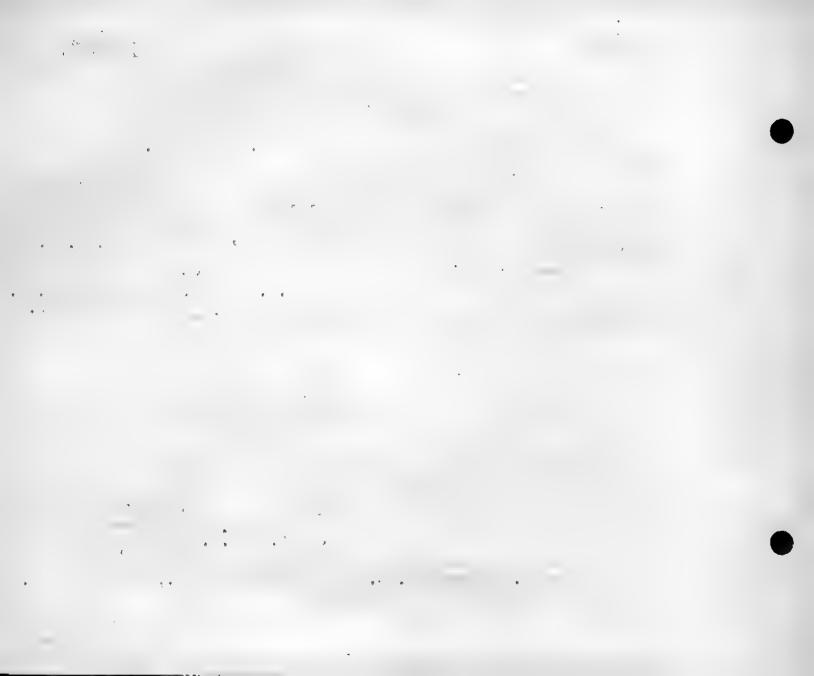


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. corpletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COLINTY o. STATE b COUNTY ALLEGANY ALLEGANY MARYFAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (if outside cornorate limits. DAYS CUMBERLAND carban papers. ent, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 527 PATTERSON **AVENUE** MEMORIAL HOSPITAL NO P YES 3 NAME OF First Middle Lost 4. DATE Month Year DECEASED OCTOBER 66 WILLIAMS HOMER 19 DEATH (Type or pont) S SEX 9. AGE (in years IF UNDER IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost bythdoy) Dovs Hours -2-1900 MALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in U.S.A. during most of working life, even if retired) INDUSTRY CUMBERLAND. MD. Retired Auditor Fort Cumberland Hotel 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remayal, JANE PHILLIPS HENRY WILLIAMS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO -CUMBERLAND. MD. HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 214-05-4635 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per li for (9), (b), and (c) ONSET AND DEATH burial-transit PART 1 DEATH WAS CAUSED BY: -IMMEDIATE CAUSE (o) 4 ģ DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? uid be detached far use the State Dept. of Health p NO M 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work of work 19 that (I) (wo) last 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING red M.D. DIRECTOR director, page 3 should be filed v PHYS 22d. 22c. PHYS!CIAN'S CENTRE ST., CUMBERLAND, MD DR. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) BEMOVAL (Specify) 10/13/66 Queen's Point Cemeterv Mineral Keyser 2So. REC'D BY REGISTRAR -25b REGISTRAR'S SIGNATURE **ADDRESS** 24. FLINERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE CC Cumberland Maryland 21502 H. Lee Silcox

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13545 requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution. and campletely filled in by the funeral remove carban papers. Pages 1 and and PLACE OF DEATH o. COUNTY o. STATE Mary land b. COUNTY Allegany Allegany MARYLAND c. LENGTH OF STAY IN b c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If gutside corporate limits. write RURA, and give nearest town) 8/22/1961 Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM 537 N. Centre St. Allegany County Infirmary NO X 3 NAME OF Middle 4. DATE Year DECEASED Melissa Daisy Williams October 66 19 (Type or print) DEATH IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 ast birthday) Haurs 10/1/1882 Female White WIDOWED X DIVORCED 11. BIRTHPLACE (County & State, or foreign country)
Cumberland, Maryland 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done during most of working tree even if retired)
Housewife INDUSTRY, O.Un. Home 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Edward Schilling Barbara Dollhopf 17. INFORMANT P.O. Box 599. 16 SOCIAL SECURITY NO. Addroumberland . Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) lift yes give war ar dates of service Allegany County Infirmary records. None NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (ο), (b), and (ε) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a signed by Canditions, if any, which gave rise ta immediate cause (a). stating the underlying cause the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION NO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or 20g, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at work at work 2). I certify that (I) (this haspital) attended the deceased fram 0/22/61 19 ta10/11/66, 19___, that (!) (we) last saw the deceased alive an 10/10/66 19 and that death accurred at _____M, from causes and on the date stated obave. 22a. SIGNATURE 22b. DATE SIGNED MED STAFF DIRECTOR PHYS. X 10/11/1966 M.D. PHYS directar, page 3 shauld be filed v 22d. ADDRESS 49 22c PHYSICIAN'S Mathews, M. D. Greene St., Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Cumberland, Allegany. 10/13/66 Rose Hill Cemetery 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) DOT Cumberland, Md. 20 M 1/66 H. Jayne George

MARYLAND STATE DEPARTMENT OF HEALTH



	13546	CERTIFICA	TE OF DEATH	13544
3.	PLACE OF DEATH		2. USUAL RESIDENCE (Where dec-	eased lived, if institutions Residence before by COUNTY
	ALIEGANY	MARYLAND	MARYLAND	ALLEGAN
	 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16		rate limits, write RURAL and give neorest
	CUMBERLAND	50 YEARS	CUMBERLAND	
	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospitet, give street eddress;	d. STREET ADDRESS	•. [
-2	NAME OF First	Middle	315 OLDTOWN ROAT	Month Dey
	DECEASED (Type or print) ALLEDA	B.	WILSON DEATH	OCT. 16
5	Thinkin M		MILLOOM	AGE (In years IF UNDER 1 YEAR, IF UN
	T2 1.7	DIVORCED DIVORCED		7] yrs. Months Days Hou
10	. USUAL OCCUPATION (Give kind of work		MARCH 18,1895	1 —
de	ne during most of working life, even if retired) HOUSEWIFE	OWN HOME	BARTON, MD.	USA
13	FATHER'S NAME	Owit HOLES	14. MOTHER'S MAIDEN NAME	1 00 <u>A</u>
	WILLIAM BOAL		MARILDA SCHRAM	M
	WAS DECEASED EVER IN U.S. ARMED FORCES			Address
741	NO	NONE	MRS. NOVELLA DAVIS,	PIEDMONT. WVA
	18. CAUSE OF DEATH Enter only one cau	se per line for (e), (b), and (c).]	***	INTERVAL ONSET A
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	HERATIC F	FAILURE	100
	15.1.5 DUE TO	c	+ . 0	1.
	Conditions, if any, which be a conditions (b)	arenonal	losis from	_6/
	(a), stating the underlying DUETO	1	served who	le-
_	ceuse last. (c)	NS CONTRIBUTING TO DEATH RUT N	OT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. W
CERTIFICATION				PI YES [
S		DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Part II	of item 18.)
EX	OR CONTRIBUTING CAUSE OF DEATH			
MEDICAL	20c. TIME OF INJURY Month, Dey, Year		ACE OF INJURY (Home, farm, 20f. (City ctory, street, office bldg., etc.)	or town) (County)
MEDI	Hour e.m.	While Not While 10 twork 10	f	
	21. 1 certify that (I) (this hospital)	attended the deceased from	4/10 1966, 10	10/16 that (
	saw the deceased alive on	0/15 1946, and the	t death occurred at 4. AM, from	the causes and on the date sta
	220. SIGNATURE	<i></i>	ATTENDING MED,	STAFF
	Thomas Toler	·	M.D. PHYS. DIRECTOR	PHYS.
	22c. PHYSICIAN'S NAME (Jype)	Elvis	SUG GREEN ST	CUMBERLAND
		0 00:3		//.
-	PURILL CREMATION 1 22h DATE THEREO	F 234 NAME OF CEMETERY	OR CREMATORY 1234 LOCA	HON !Lify, town or county!
23	BURIAL, CREMATION, 23b. DATE THEREO	1		TION (City, town or county)
	REMOYAL (Specify)	F 23c. NAME OF CEMETERY P66 ROSE HILL C		BERLAND, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY PM3. Page. ā ALLEGANY MARYLAND MARYLAND ALLEGANY Department b CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest lown) after 60 YEARS CUMBERLAND CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (finot in hospital give street oddress) d STREET ADDRESS e IS RESIDENC haurs (Office alang with farm ON A FARM? in Item 18. Give Pages MEMORIAL HOSPITAL 803 BEDFORD ST. NOOLX 24 haurs after death 3 NAME OF First Last 4 DATE Month DECEASED BRUCE (Type or print) WITSON DEATH CCT. 18 66 19 S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (n years IF JNDER YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED MALE WH TUR TINE 11.1881 even Buo 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CONTRACTOR pages n any HOME BUILDING MARYLAND TIS A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within ISAAC WILSON pillo CATHERINE ASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) remayol CUMBERLAND, MD. LEO WIISON 21/ 32 2923 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH 5 Subdural Hemorrhage IMMEDIATE CAUSE (o) certificate shauld crematian, DUE TO Conditions, if any, which gove 1 Day Skull Fracture rise to immediate couse (a). DUE TO stating the underlying couse 8 burial, 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PERFORMED? Arteriosclerotic Cardiovascular Disease YES -NO KX 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port I) of Item 18) PRIMARY ED OF CONTRIBUTING CAUSE OF DEATH 4 should Fell while standing on Sidewalk 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e PLACE OF NJURY (Home, form, 20f (Crty or town) (Stote) foctory, street, office bldg , etc.)
Street Not While FUNERAL DIRECTOR: Page of work Not While of work 10:00 em Oct. 17 Cumberland Allegany Maryland designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XX, Inquiry X ond in my opinion the funeral director. death resulted from. ANGTONOK POWSKEY XX Accident XXX Suicide Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER KX Health or EXAMINER'S 9 CINDARISTASTICATION TOWN TO COUNTY) OCT. 18,196 NAME (Type) BENEDICT SKITARELIC. M.D. RT. 23o. BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 90 REMOVAL (Specify)
BURIAL OCT. 21,1966 CUMBERLAND, MD. HILLCREST BURTAL PARK 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR BYRON KIGHT CUMBERLAND, MD. VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13548 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 무 o. COUNTY o. STATE b. COUNTY 6 MARYLAND ALLEGANY ALLEGANY MARYLAND my delay b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
MT • SAVAGE c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) and after LIFE MT. SAVAGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Item 18. Give Pages 1, Office alang with farm haurs CHURCH HILL CHURCH HILL YES NO A 24 haurs after death. 3. NAME OF Middle 4. DATE with the Sto within 72 ! First Last Manth Day Year DECEASED (Type or print) WITTE 18 MARY OCT. 66 T. 19 DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX Months Dovs Hours WHITE WIDOWED DIVORCED MAY 14.1893 event FEMALE 10a, USUAL OCCUPATION (Give kind at wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
SCHOOL TEACHER PUBLIC SCHOOLS 2 Chief Medical Examiner's MARYLAND pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within LOUIS E. WITTE CATHERINE O'CALLAHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO remayal CUMBERLAND. MD. ELIZABERH WITT NO INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH crematian, ar CORONARY OCCLUSION IMMEDIATE CAUSE (o) certificate shauld the ward DUE TO Canditians, if any, which gove CORONARY SCLEROSTS rise to immediate cause (o). DUF TO stoting the underlying cause be forwarded GS last. burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO IX the certificate, its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinion death resulted fram: Natural causes X Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE_> DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** OCT. 18,1966 RT. 9. Addressmer REREANDOLOMD. BENEDICT SKITARELIC, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 50 OCT. 21,1966 ST. PATRICKS CEMETERY MT. SAVAGE, MD. 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CUMBERLAND, MD. Melanles Jus VR A15ME (5) BYRON KIGHT DATE 6M 1/66

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